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ABSTRACT

This research report describes alcohol, tobacco, and other drug use among a representative sample of 7,187 Nebraska junior and senior high school students. The research is from an ongoing project: the Nebraska Adolescent Drug Use survey, which was initiated in 1982. The stated purpose of the project is to provide baseline and updated survey estimates of adolescent drug use in Nebraska to the Nebraska public, to educators charged with the responsibility of providing health education and intervention programs to the youth of the state, and to policymakers. The data upon which the report is based were collected during the spring of 1988. The report includes information on the self-reported use of alcohol, tobacco, marijuana, lysergic acid diethylamide, cocaine, heroin, barbiturates, amphetamines, tranquilizers, stimulants, other narcotics, and glue/inhalants. The report has three sections. The first describes current drug use among adolescents in Nebraska. The second compares current use among Nebraska high school seniors with current use among high school seniors in the United States as a whole. The third compares 1988 use in Nebraska with use as measured by the Nebraska Adolescent Drug Use Survey in 1982. Descriptions of the sample, the questionnaire, and methods used in the survey are provided at the end of this report. (ABL)

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Adolescent Drug Use in Nebraska, 1988

Ian M. Newman, Ph.D.
Carolyn S. Anderson, M.A.

Nebraska Prevention Center for Alcohol and
Drug Abuse
University of Nebraska-Lincoln
Lincoln, NE 68588

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Introduction

This 1989 research report describes alcohol, tobacco, and other drug use among a representative sample of 7,187 Nebraska junior and senior high school students. The research is from an ongoing project: the Nebraska Adolescent Drug Use Survey, initiated in 1982. The purpose of the project is to provide baseline and updated survey estimates of adolescent drug use in Nebraska to the Nebraska public, to educators charged with the responsibility of providing health education and intervention programs to the youth of the state, and to policy-makers at the local, county and state level who are concerned with the health and future of Nebraska youth. The data upon which the report is based were collected by the Nebraska Prevention Center for Alcohol and Drug Abuse during the spring of 1988. The report includes information on the self-reported use of alcohol, tobacco, marijuana, LSD, cocaine, heroin, barbiturates, amphetamines, tranquilizers, stimulants, other narcotics, and glue/inhalants.

The report has three sections. The first describes current drug use among adolescents in Nebraska. The second compares current use among Nebraska high school seniors with current use among high school seniors in the United States as a whole. The third compares 1988 use in Nebraska with use as measured by the Nebraska Adolescent Drug Use Survey in 1982. Descriptions of the sample, the questionnaire, and methods used in the survey are at the end of this report.

Since 1982, improvements in methods used in data analysis have made it possible to analyze the data in fine detail, as presented in the first section on 1988 only. Data for certain age and sex groups were averaged in the 1982 data and differences were blurred. In 1988 we looked at each age group separately and noted, for example, that 18 year olds reported heavier usage than 17 year olds, showing that students continue to use most drugs more frequently into their later teens. Drug education thus continues to increase in salience throughout the high school career. This trend was not measured in the 1982 data, when 17 and 18 year olds were combined. Although the 1982-1988 comparisons cannot reflect this finer measurement, future surveys will do so.

Section 1

Current Drug Use In Nebraska

Alcohol

Alcohol is by far the most frequently and most heavily used of the illegal drugs discussed in this report. Use of alcohol is most common among the oldest age group and least common among the youngest age group. Heavy consumption of alcohol (five drinks or more in a row within the last two weeks) is also most common among the oldest age group.

Figure 1 shows percentages of students who had had five or more drinks in a row within the last two weeks, by sex and age groups.

Figure 1: Five Drinks In a Row In the Last Two Weeks

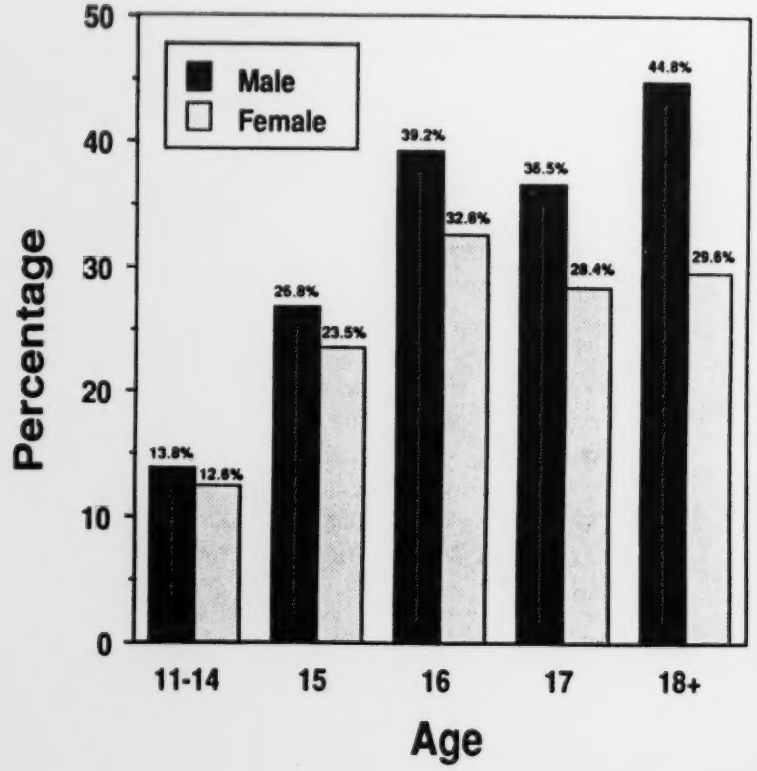

Table 1 shows how dramatically these percentages increase with age, for both males and females. The table also shows frequency of heavy use during the past two weeks.

Some 45% of 18 year old Nebraska male high school students had consumed at least 5 drinks in a row within the past two weeks, according to these data. Some 30% of the females in this age group had also done so.

This level of consumption predicts a blood alcohol level of more than 0.10 (the level at which normal physical and mental process becomes problematic). The widespread extent of risk drinking among Nebraska's youth is without question the most significant aspect of the 1988 survey of adolescent drug use in Nebraska.

TABLE 1

Drinking 5 Drinks in a Row in Last Two Weeks*

	Age 11-14		Age 15		Age 16		Age 17		Age 18	
	M	F	M	F	M	F	M	F	M	F
Did have 5 in a row	13.8%	12.5%	26.8%	23.4%	39.2%	32.5%	36.5%	28.4%	44.8%	29.6%
Did not have 5 in a row	86.2	87.5	73.2	76.6	60.8	67.5	63.5	71.6	55.2	70.4
Total %	100	100	100	100	100	100	100	100	100	100
Frequency in last 2 weeks:										
Once	6.7	6.8	12.7	10.3	16.0	15.3	13.0	13.8	14.4	13.8
Twice	3.4	3.4	7.3	6.5	12.0	9.1	11.0	8.9	14.6	7.2
3-5 times	3.0	2.0	6.0	6.0	10.1	7.6	10.1	5.0	13.8	7.2
6+ times	.7	.4	.8	.7	1.1	.6	2.4	.7	2.0	1.3
N =	1342	1340	600	585	633	661	625	595	355	304

* Percentages refer to % of entire age-sex group.

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Table 2 shows percentages of students who drink to get high and how frequently they do so. **Some 75% of 18 year old males have been high at some time, and 46% of 18 year olds report that they get high more than half the time when they drink. 70% of 18 year old females have been high, and 35% of them get high more than half the time.**

The implications of very heavy drinking, even though it may not take place every day, are that:

(1) Youth who drive after heavy drinking are vulnerable to the risk of either causing or suffering death or severe injury. The higher risks to young males, since they drink more heavily than females, are exemplified in Nebraska traffic mortality statistics. Half of traffic deaths in Nebraska over the last several years were alcohol related. Half of the drivers in these accidents were between 16 and 24 years old. And, some 80% of those youth who died were male.

(2) Since alcohol is addictive, even very occasional heavy drinking may increase addiction such that frequency of heavy drinking is more likely to go up.

(3) The sought-after experience of being "high" on alcohol may lead to experimentation with and addiction to other illegal drugs. Our data indicate that cocaine, heroin, and LSD users among these students are much more likely to report having consumed alcohol, than alcohol users are to report having used cocaine, heroin, or LSD.

TABLE 2

Drinking to Get High*

	Age 11-14 Male	Age 11-14 Female	Age 15 Male	Age 15 Female	Age 16 Male	Age 16 Female	Age 17 Male	Age 17 Female	Age 18+ Male	Age 18+ Female
Don't drink	31.0%	34.5%	19.6%	19.0%	14.5%	12.4%	12.0%	12.1%	12.1%	13.1%
Never got high	42.2	41.3	30.9	32.6	21.7	20.8	19.3	20.1	13.1	17.0
Have gotten high	26.9	24.2	49.4	48.8	63.8	66.8	68.7	67.8	74.8	69.8
Total %	100	100	100	100	100	100	100	100	100	100
How often have you drunk to a high?										
Once	10.2	8.4	13.6	11.9	12.2	12.6	12.5	11.3	12.5	12.8
A few times	7.9	7.4	14.5	13.9	17.4	23.2	18.6	24.7	18.0	24.3
Half the time	3.2	2.7	6.7	8.2	11.7	11.2	14.3	11.6	14.5	16.4
More than half the time	5.6	5.7	14.6	14.3	24.5	21.9	25.3	20.2	31.9	18.4
N=	1347	1347	611	595	660	672	649	603	373	305

* Percentages refer to % of entire age-sex group.

Table 3 shows percentages of Nebraska students reporting lifetime use of alcohol, use within the past 12 months, and use within the past 30 days. The probability of having consumed alcohol increases with age. By age 17, over 92% of all students report having done so. Males and females are about equally likely to report drinking at each stage and age.

Only a small percentage of students report very frequent alcohol use (ten or more times within the last 30 days). Frequency does increase with age, but for most high school students opportunities/occasions of drinking seem to be limited, while the amount consumed per occasion is not (**Table 1**).

TABLE 3

Alcohol Use*

	Age 11-12		Age 13-14		Age 15-16		Age 17+	
	Male	Female	Male	Female	Male	Female	Male	Female
Percent who have drunk alcohol during:								
...their lifetimes	67.4%	56.9%	80.6%	77.7%	88.0%	89.2%	92.6%	92.9%
...the last 12 months	43.7	37.1	62.0	61.0	78.0	78.9	85.5	85.0
...the last 30 days	16.6	15.4	33.4	36.0	54.3	52.1	60.9	57.1
Frequency of use during last 30 days:								
0 times	83.4	84.6	66.6	64.0	45.7	47.9	39.1	42.9
1-2 times	12.4	11.4	19.2	20.5	24.2	26.5	23.6	26.8
3-9 times	2.7	3.0	11.0	13.6	23.6	21.2	26.9	25.5
10+ times	1.5	1.0	3.2	1.9	6.5	4.4	10.4	4.8
N=	331	399	1012	948	1279	1260	1025	910

* Percentages refer to % of entire age-sex group.

Problems With Drinking

Most alcohol users do not report that they have been much troubled personally by alcohol use. **Table 4** shows the percent who report alcohol-related problems, of those who have used alcohol. The most frequently reported problem was involvement in behaviors that were later regretted. Nonetheless, less than one-third of those who drink felt this way.

TABLE 4

Alcohol-related Problems*

	Males	Females
Behaved in ways you later regretted	26.1%	34.1%
Involved you with people you think are a bad influence on you	22.8	27.6
Hurt your relationship with your girlfriend or boyfriend	16.4	18.5
Got you into trouble with the police	13.1	8.5
Hurt your relationship with parents	11.2	12.8
Hurt your relationship with your friends	11.4	15.8
Hurt your performance in school	11.5	9.9
Caused your physical health to be bad	9.8	8.7
N=	3022	2834

*Percent of those who reported having used alcohol

Drugs Not Perceived To Be Dangerous

Alcohol is not perceived to be a dangerous drug. As **Table 5** shows, alcohol and tobacco are the least likely of all drugs to be considered dangerous. Younger students are more likely to find them dangerous than older students, but by the age of 17, 45% of the male and 36% of the female students consider alcohol not dangerous; 52% of the male and 43% of the female students consider tobacco not dangerous. About one-quarter of the older students don't feel that glue and other inhalants or marijuana are dangerous, either. In contrast, almost all students feel that heroin, LSD, and cocaine are dangerous.

TABLE 5

Percentages Reporting Substances "Not Dangerous" or "Not Very Dangerous"

	Age 11-12		Age 13-14		Age 15-16		Age 17+	
	Male	Female	Male	Female	Male	Female	Male	Female
Alcohol	18.9%	22.4%	32.2%	30.3%	42.2%	37.7%	45.4%	35.5%
Tobacco	28.5	25.5	39.5	34.9	48.6	41.9	52.2	42.7
Glue/inhalants	14.9	18.8	22.9	24.2	22.8	24.1	22.7	20.1
Marijuana	7.5	7.2	14.7	13.4	27.1	23.8	29.6	24.2
Tranquilizers	6.8	6.7	10.7	12.4	13.5	13.8	16.2	14.1
Heroin	2.8	2.6	2.5	1.5	4.0	2.5	3.2	1.7
LSD	2.5	1.0	2.3	1.4	6.2	2.8	5.9	2.4
Cocaine	3.1	1.3	1.8	1.4	3.7	2.2	3.6	1.7
N=	322	388	980	926	1236	1224	999	892

Alcohol, Tobacco and Other Drugs Easy to Obtain

Although under state law it is illegal to sell or provide alcohol to those under 21, alcohol is considered to be easy to obtain relative to other drugs.

About 95% of the 17 year olds surveyed think so, and even in the youngest age group—those eleven and twelve years old—58% of the males and 66% of the females report that it would be either very easy or fairly easy to obtain alcohol (Table 6). Tobacco is also reported to be easy to obtain, according to over 90% of 17 year olds and about 60% of the eleven and twelve year olds surveyed. Marijuana is not hard to get, either—over three-quarters of the 17 year olds report that it is either very easy or fairly easy to obtain.

Glue and inhalants are also easy to obtain. Amphetamines, tranquilizers, and barbiturates are perceived easier to get than cocaine, heroin, LSD and other psychedelic drugs.

Even in the case of these "hard" drugs, by the time students reach the age of 17, at least one-quarter of all 17 year old students feel that they can secure any drug they wish without much trouble.

Females are more apt to report "hard" drugs easy to get than males in the older age groups. This may be due to the fact that young women may date young men who are slightly older, and that older cohorts are more likely to use drugs than younger.

TABLE 6

Percentages Reporting Substances "Fairly Easy" or "Very Easy" to Obtain

Substance:	Age 11-12		Age 13-14		Age 15-16		Age 17+	
	Male	Female	Male	Female	Male	Female	Male	Female
Alcohol	57.9%	66.1%	73.9%	79.6%	86.8%	90.0%	94.6%	93.9%
Tobacco	62.3	56.8	73.9	75.6	88.4	87.5	94.4	90.8
Glue/inhalants	54.5	55.5	63.1	66.5	74.4	75.7	79.8	77.1
Marijuana	30.7	27.7	43.8	47.8	67.4	70.0	77.7	76.6
Amphetamines	22.1	22.8	28.5	38.0	44.0	54.5	52.1	57.9
Barbiturates	19.8	22.6	26.2	35.4	39.7	47.8	43.4	51.4
Tranquilizers	17.7	23.9	22.5	34.3	33.1	43.5	40.9	47.3
Cocaine	15.0	13.8	16.2	23.9	28.5	34.5	34.5	40.0
Heroin	13.2	9.5	13.0	13.4	20.2	21.9	22.5	23.6
LSD	10.2	10.2	12.9	17.5	29.8	34.0	33.8	36.2
Other Narcotics	13.9	13.7	17.4	22.7	28.1	33.0	34.1	39.7
Other Psychedelics	11.8	9.0	12.0	15.9	21.2	24.5	24.7	26.0
N =	323	383	993	923	1252	1239	1009	900

Smoking Tobacco

Table 7 shows that 70% of the males and 75% of the females in the youngest age group had never smoked. These percentages decrease with age, so that at age 18, 43% of the males and 50% of the females had never smoked. About 10% in each age group had smoked at some time, but had quit and had not smoked in the last year. Some 20% in all but the youngest age group report smoking occasionally. This table reflects the experimental nature of much adolescent smoking, which leads to addiction at early ages for some, but not all of those who smoke.

A very small percentage—5%—of the youngest age group to about 20% of the older age groups are regular smokers (those who have smoked at least 100 cigarettes and who currently smoke at least once a week). Despite all that is currently known about permanent health risks of smoking, one-fifth of the oldest Nebraska students smoke anyway.

TABLE 7

Smoking

	Age 11-13		Age 14		Age 15		Age 16		Age 17		Age 18+	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Percent who smoked at least 100 cigarettes in their life	9.5%	7.5%	13.0%	17.3%	16.6%	21.3%	26.7%	30.2%	28.0%	29.4%	35.4%	29.4%
Question: "How much do you currently smoke?"												
"I have never smoked" (nonsmoker)	70.5	75.8	62.5	58.5	59.2	55.6	50.5	43.7	44.9	45.9	43.2	49.7
"Not at all in the last 12 months" (quitter)	11.4	10.2	10.8	8.6	12.0	11.0	13.7	9.7	13.5	10.9	10.9	9.7
"Occasionally" (experimental)	13.2	9.2	18.0	18.4	18.2	16.9	19.2	24.8	22.0	20.9	23.5	18.8
"At least once a week" (regular smoker)	4.9	4.7	8.7	14.5	10.7	16.5	16.7	21.8	19.7	22.4	22.4	21.8
N=	812	842	539	510	619	595	670	668	649	605	378	309

Chewing Tobacco

Table 8 reports chewing tobacco use by the students surveyed. Clearly, chewing is an established male phenomenon, and by the age of 15 most of those who were going to try chewing had probably done so. At the earliest ages, over one-third of the males had tried chewing. By the age of 15 over one-half had done so. The quitter rate for male chewers is fairly consistent, at about 20% among the youngest to the oldest age groups. Occasional use is also consistent at just below 20% for all but the youngest age group of males. Regular use increases from a very small percentage—3%—for males at ages 11 and 12 to 17% at age 18. Regular use of chewing tobacco by females is less than 1% until age 18, when it is 2%.

TABLE 8

Chewing Tobacco Use

	Age 11-13		Age 14		Age 15		Age 16		Age 17		Age 18+	
	M	F	M	F	M	F	M	F	M	F	M	F
Percent who chewed tobacco at least once in their life	36.3%	7.4%	45.6%	13.4%	52.8%	9.9%	56.3%	11.8%	54.4%	8.6%	59.2%	13.1%
Question: "How much do you currently chew?"												
"I have never chewed" (nonchewer)	67.3	93.5	57.6	87.7	50.2	90.9	47.8	89.7	49.2	91.9	43.1	87.9
Not at all in the last 12 months" (quitter)	20.3	4.7	15.9	9.0	21.4	6.2	20.7	7.1	21.5	6.0	23.2	7.5
"Occasionally" (experimental)	9.1	1.4	18.3	2.7	16.3	2.2	19.3	2.2	17.6	1.7	16.4	2.6
"At least once a week" (regular)	3.3	.4	8.1	.6	12.1	.7	12.1	.9	11.6	.5	17.3	2.0
N=	807	834	535	508	614	595	668	671	643	602	377	306

Smoking and Chewing Tobacco Combined

The level of chewing tobacco use at all ages for males approaches the level of smoking tobacco use. Although there is some overlap, with males smoking as well as chewing, there are many young males who smoke but do not chew, and vice versa. **Table 9 and Figure 2** show this overlap for both males and females: those who smoke only, those who chew only, and those who do both on a regular basis.

There are higher percentages of regular tobacco users among males than females at every age. **At the age of 18, about 34% of the males and about 22% of the females are either smoking regularly, chewing regularly, or both. When total tobacco use is considered, the future health of the young males is more at risk to tobacco-related diseases than that of the young females.**

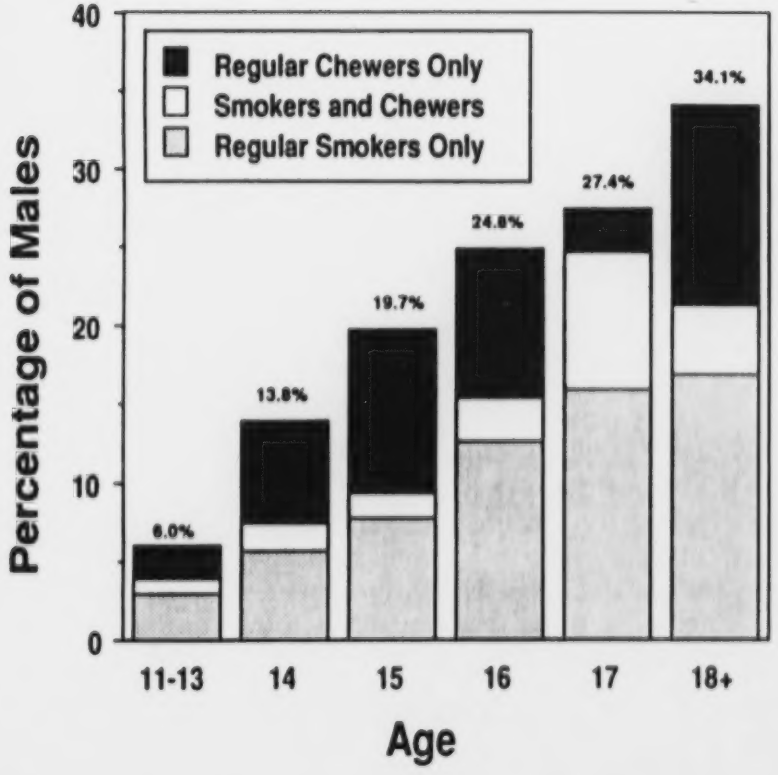
TABLE 9

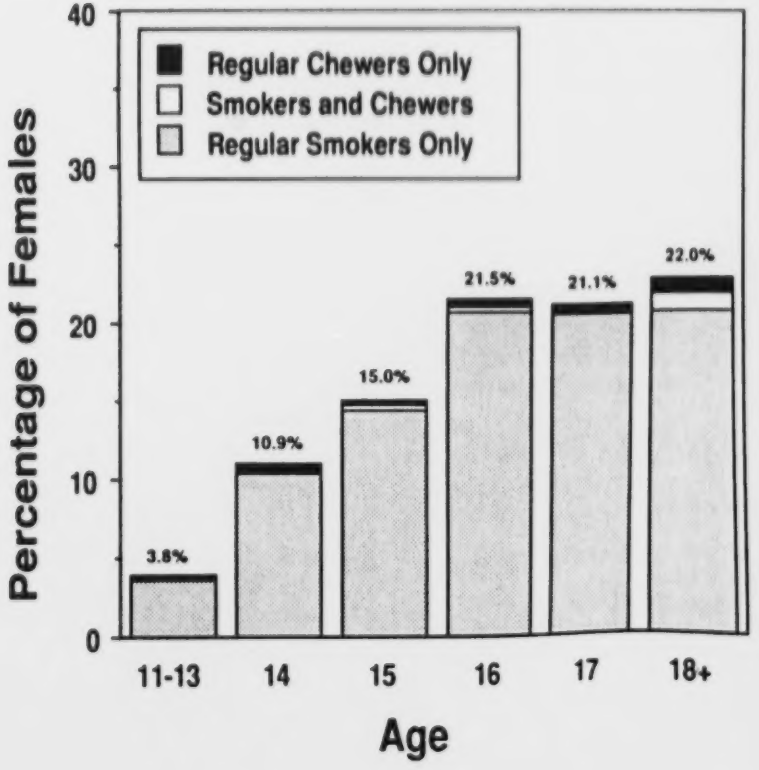
Smoking and/or Chewing: Regular Exposure to Nicotine

	Age 11-13		Age 14		Age 15		Age 16		Age 17		Age 18+	
	M	F	M	F	M	F	M	F	M	F	M	F
Regular smokers only	2.9%	3.5%	5.6%	10.3%	7.7%	14.3%	12.5%	20.6%	15.8%	20.5%	16.7%	20.7%
Regular chewers only	2.1	.2	6.3	.4	10.4	.4	9.4	.6	2.7	.4	12.8	1.0
Regular smokers and chewers	1.0	.1	1.9	.2	1.6	.3	2.9	.3	8.9	.2	4.6	1.0
Total*	6.0	3.8	13.8	10.9	19.7	15.0	24.8	21.5	27.4	21.1	34.1	22.0

*Percentage of total sample

Figure 2: Regular Exposure to Nicotine





Marijuana

Table10 shows that by age 17 about 40% of the Nebraska students sampled have used marijuana at least once during their lifetimes. About 30% of 17 year olds have used marijuana within the last 12 months. The one-month rates further suggest that marijuana is not used frequently, even among 17 year olds, where the rates fall to about 15%. In this age group, less than 10% of those who have used marijuana within the last year have done so more than 20 times.

TABLE 10

Marijuana Use

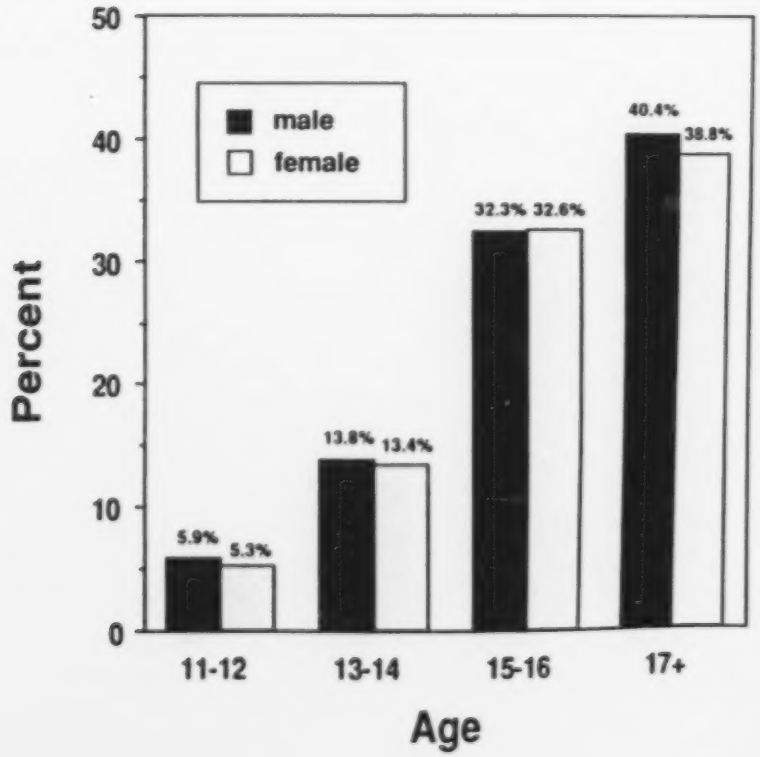
	Age 11-12		Age 13-14		Age 15-16		Age 17+	
	Male	Female	Male	Female	Male	Female	Male	Female
Percent who have used marijuana during:								
...their lifetimes	5.9%	5.3%	13.8%	13.4%	32.3%	32.6%	40.4%	38.8%
...the last 12 months	4.2	3.3	9.4	10.0	25.6	25.9	30.4	28.3
...the last 30 days	2.1	2.7	5.4	5.7	16.3	15.1	17.3	14.7
Frequency of use during last 12 months:								
0 times	95.8	96.7	90.6	90.0	74.4	74.1	69.6	71.1
1-2 times	2.4	2.0	3.9	5.0	7.7	8.6	9.3	9.5
3-9 times	.9	.5	3.0	2.7	8.7	8.7	7.9	9.6
10-19 times	.3	.3	1.1	1.0	2.3	3.3	3.9	2.6
20+ times	.6	.5	1.4	1.4	6.9	5.4	9.4	6.6
N=	337	400	1013	948	1274	1264	1026	910

* Percentages refer to % of entire age-sex group.

When does marijuana use begin? At the ages of eleven and twelve only about 5% of those surveyed have used marijuana. These percentages increase with age. **Figure 3** shows a great difference for lifetime, usage rates between the 13-14 and 15-16 age categories, when the rates triple. These data clearly show that drug education programs are particularly relevant as students approach 13 or 14, and continue to be important for the older cohorts.

Frequency of marijuana use is about the same for males and females. Since our data do not reflect amount used per occasion, we cannot estimate whether males use more per occasion than females, as we can with alcohol. Future surveys may be able to include such estimates.

Figure 3: Lifetime Marijuana Use



Glue and Inhalants

According to **Table 11**, lifetime usage of glue and inhalants is reported by 13% of the youngest age group to about 20% of 16 year olds surveyed. **Eleven and twelve year olds were more likely to report lifetime, 12 month, and 30 day usage of glue and inhalants than of any drug except alcohol.** We hypothesize that for many adolescents drug use of these everyday substances may precede future use of illegal drugs to get high. Since glue and inhalants such as gasoline and typewriter correction fluid are not illegal, purchase and possession are difficult to monitor or prevent. Education on the risks of permanent disability and accidental death is the sole method of prevention.

TABLE 11

Glue and Inhalant Use*

Age:	11-12	13	14	15	16	17	18+
Percent who have used glue or inhalants during:							
...their lifetimes	13.0	16.2	19.1	19.2	21.6	18.4	16.4
...the last 12 months	8.4	8.8	11.3	11.2	12.3	9.6	7.6
...the last 30 days	5.2	4.5	6.2	6.9	7.2	3.7	3.9
N =	731	916	1056	1214	1346	1261	682

*Percent of total male and female sample

Single and Multiple Drug Use

Tables 12, 13, and 14 compare lifetime, past year, and past 30 day use for the four drugs used most often: alcohol, tobacco, marijuana, and inhalants/glue and for combined usage of these and other drugs during these same periods.

In each table Row 1 refers to those who report no drug use at all during the period. Thus, according to **Table 12**, 27% of 11 and 12 year old males and 40% of 11 and 12 year old females report they have never used any drugs during their lifetimes. By the time students reach 18, only 7% of the males and 5% of the females report they have never used any drugs.

In **Table 13**, which refers to use during the past year , the percent who report no drug use is higher: 48% of the youngest males and 58% of the youngest females report no use of any drug during the period. Eleven percent of the 18 year old males and 14% of the females report no drug use for the past year.

Table 14 refers to use during the past 30 days. The percentages who report no drug use are still higher: 75% of the 11 and 12 year old males and 80% of the females report no use. For the oldest age group, 28% of the males and 36% of the females report no use.

In each table, Row 2 percentages refer to those who report use of at least one of all the drugs covered in the survey: alcohol, tobacco (either smoking or chewing), marijuana, inhalants/glue, amphetamines, barbiturates, tranquilizers, LSD, cocaine, heroin, or other drugs. These percentages are the complement of those shown in Row 1. For example, in **Table 12,** Row 1 shows that 7% of the 18 year old males report using no drugs during their lifetimes, Row 2 shows that 93% of the males do report using some drug or other during their lifetimes, and so forth.

The remainder of these three tables show percentages of various types of use which can be compared. Rows 3 to 6 show use of each of the four most commonly used drugs: alcohol, tobacco, marijuana and glue/inhalants, reported by age and sex. These rates may be compared with those in Row 7, which shows percentages reporting use of any drug other than the top four.

Rows 8 to 12 show rates for various combined usages of alcohol, tobacco, and marijuana with other drugs.

Finally, Row 13 in Tab**les 12, 13 and 14** shows the rates for those who used two or more illegal drugs (excluding alcohol, tobacco, and inhalants/glue) for each period: lifetime, past year, and past 30 days. When results for the oldest age group, those 18 and older, are examined, 30% of the males and 27% of the females report using two or more of these other illegal drugs during their lifetime. Some 20% of the males and 16% of the females report using two or more of these illegal drugs during the past year, and 11% of the males and 8% of the females report using two or more illegal drugs during the past 30 days.

TABLE 12

Single and Multiple Drug Use over the Lifetime

		Age 11-12		Age 13		Age 14			Age 15		Age 16		Age 17		Age 18+	
		M	F	M	F	M	F		M	F	M	F	M	F	M	F
1.	No drug use	27%	40%	19%	26%	12%	13%	1.	9%	12%	8%	6%	5%	6%	7%	5%
2.	Use of at least one drug	73	60	81	74	88	87	2.	91	88	92	94	95	94	93	95
3.	Alcohol use	67	57	77	72	84	83	3.	86	86	90	92	93	93	91	93
4.	Tobacco use	42	21	45	32	28	23	4.	61	47	67	58	68	56	74	54
5.	Marijuana use	6	5	9	8	9	9	5.	26	27	38	38	37	37	46	42
6.	Inhalant or glue use	14	12	17	15	10	9	6.	20	19	24	19	21	15	20	12
7.	Use of at least one drug other than alcohol, tobacco, marijuana or inhalants/glue*	8	10	12	14	17	24	7.	22	30	30	40	33	37	35	35
8.	Alcohol + tobacco	38	20	42	30	51	44	8.	58	46	66	57	67	56	72	53
9.	Alcohol + tobacco + marijuana	5	4	11	12	16	15	9.	21	24	34	34	33	31	41	35
10.	Alcohol + one drug other than tobacco**	17	16	24	24	31	33	10.	36	40	49	52	49	51	53	52
11.	Tobacco + marijuana	5	4	8	7	16	15	11.	22	24	34	34	33	32	41	35
12.	Tobacco + one drug other than alcohol	8	7	13	12	20	23	12.	27	30	39	40	39	40	46	41
13.	Two or more illegal drugs***	4	5	6	6	11	15	13.	17	21	25	30	26	27	30	27

* includes amphetamines, barbiturates, tranquilizers, cocaine, LSD, heroin, other narcotics.

** includes marijuana, amphetamines, barbiturates, tranquilizers, cocaine, LSD, heroin, other narcotics, and glue/inhalants.

*** marijuana, amphetamines, barbiturates, tranquilizers, cocaine, LSD, heroin, other narcotics (excludes alcohol, tobacco, and glue/inhalants)

TABLE 13

Single and Multiple Drug Use During the Past Year

		Age 11-12		Age 13		Age 14		Age 15		Age 16		Age 17		Age 18+	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
1.	No drug use	48%	58%	41%	45%	27%	27%	22%	24%	14%	14%	12%	13%	11%	14%
2.	Use of at least one drug	52	42	59	55	73	73	78	76	86	86	88	87	89	86
3.	Alcohol use	44	37	54	53	69	68	73	74	82	83	86	86	85	84
4.	Tobacco use	23	13	27	18	20	17	44	35	51	48	53	44	60	43
5.	Marijuana use	4	3	6	6	12	13	11	11	29	30	28	27	35	31
6.	Inhalant or glue use	9	7	9	8	6	5	11	12	8	5	12	7	8	7
7.	Use of at least one drug other than alcohol, tobacco, marijuana or inhalants/glue*	5	6	7	9	11	18	14	22	24	30	23	24	24	21
8.	Alcohol + tobacco	18	11	24	16	35	31	40	33	48	45	51	43	56	41
9.	Alcohol + tobacco + marijuana	4	2	5	4	10	12	14	18	21	25	22	22	28	25
10.	Alcohol + one drug other than tobacco**	9	9	13	15	21	24	25	31	37	41	37	37	39	39
11.	Tobacco + marijuana	4	2	5	4	10	12	16	18	22	25	23	22	29	25
12.	Tobacco + one drug other than alcohol	4	4	7	7	14	15	19	22	26	31	27	24	32	28
13.	Two or more illegal drugs***	4	3	4	4	4	13	11	15	18	21	17	15	20	16

* includes amphetamines, barbiturates, tranquilizers, cocaine, LSD, heroin, other narcotics.

** includes marijuana, amphetamines, barbiturates, tranquilizers, cocaine, LSD, heroin, other narcotics, and glue/inhalants.

*** marijuana, amphetamines, barbiturates, tranquilizers, cocaine, LSD, heroin, other narcotics (excludes alcohol, tobacco, and glue/inhalants)

TABLE 14

Single and Multiple Drug Use During the Past 30 Days

	Age 11-12		Age 13		Age 14		Age 15		Age 16		Age 17		Age 18+	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1. No drug use	75%	80%	69%	69%	53%	49%	44%	47%	31%	34%	32%	37%	28%	36%
2. Use of at least one drug	25	20	31	31	47	51	56	53	69	66	68	63	72	64
3. Alcohol use	17	15	26	26	40	45	47	45	61	58	60	57	63	58
4. Tobacco use	12	6	14	10	22	21	30	25	35	29	35	28	44	28
5. Marijuana use	2	3	4	3	7	8	14	13	19	17	16	14	20	16
6. Inhalant or glue use	5	5	4	5	6	7	7	7	9	5	5	2	4	3
7. Use of at least one drug other than alcohol, tobacco, marijuana or inhalants/glue*	2	5	4	5	6	10	8	12	14	14	12	11	14	12
8. Alcohol + tobacco	6	3	10	8	16	17	22	19	28	24	31	23	36	24
9. Alcohol + tobacco + marijuana	1	1	2	2	5	6	8	8	11	12	12	9	15	11
10. Alcohol + one drug other than tobacco**	4	5	5	5	10	14	15	17	24	21	20	16	23	19
11. Tobacco + marijuana	2	2	2	2	5	6	9	9	11	13	12	10	15	12
12. Tobacco + one drug other than alcohol	4	3	5	6	11	11	15	18	20	21	21	20	26	20
13. Two or more illegal drugs***	2	3	2	2	3	5	5	8	10	10	7	6	11	8

* includes amphetamines, barbiturates, tranquilizers, cocaine, LSD, heroin, other narcotics.

** includes marijuana, amphetamines, barbiturates, tranquilizers, cocaine, LSD, heroin, other narcotics, and glue/inhalants.

*** marijuana, amphetamines, barbiturates, tranquilizers, cocaine, LSD, heroin, other narcotics (excludes alcohol, tobacco, and glue/inhalants)

Polydrug Use During the Past 30 Days for those 16 Years and Older

Table 15 provides additional information on those who use more than one drug. The table selects those who have used a particular drug during the past 30 day period, and then shows the percentages of those users who used each of the other drugs during the same period. We selected the students 16 and older for this analysis because use is heavier among older students and patterns of use more apparent.

Table 15 suggests that there is a phenomenon of intensified drug use, a hierarchy related to how commonly a drug is used. Those who use heroin (the least commonly used drug) are usually the most likely to have used all of the other drugs during the 30-day period. Some 86% of the heroin users also used marijuana; 85% used amphetamines, 76% used tranquilizers, LSD and cocaine, 71% used barbiturates, and 52% used glue/inhalants.

By the same token, those who report use of other less commonly used drugs—LSD and cocaine—are also the most likely to report having used other drugs during the period. And, those who use the most commonly used drugs—alcohol and tobacco—are much less likely to report having used other drugs.

The table can also be used to see which drugs are most often used across user categories. Thus all user categories are most likely to use alcohol—from 77% of smoking tobacco users to 97% of cocaine users. All user categories but cocaine users are least likely to use heroin. Cocaine users are less likely to sniff glue (43% of them do so) than they are to use heroin (46% of them do so).

We have identified above that the very widespread and heavy quantity of alcohol use is the most significant finding of the 1988 survey. A **second major finding is the consistent relationship between how commonly a drug is used and multiple drug use.** The less commonly a drug is used by adolescents (the more rare its use), the more likely the users of that drug are using multiple other drugs.

Among Nebraska youth heavy drug use is not specific to one drug. Addiction is the problem, but it does not appear that the addiction is drug specific. It is the experience, the high, that a drug provides which is the continuing attraction.

TABLE 15

Interrelated Drug Use in the Last 30 Days of Adolescents 16 Years And Older*

THOSE WHO USED:	WHO ALSO USED: Alcohol	Smoking Tobacco	Chewing Tobacco	Marijuana	Glue	Amphetamines	Barbiturates	Tranquilizers	Heroin	Cocaine	LSD
Alcohol (59%) N = 1923	100%	69%	42%	26%	8%	13%	4%	4%	2%	4%	6%
Smoking Tobacco (54%) N = 1774	76	100	44	26	8	14	4	4	1	4	6
Chewing Tobacco (32%) N = 1060	77	73	100	23	10	12	4	4	2	5	7
Marijuana (17%) N = 545	91	85	43	100	13	30	11	9	5	13	21
Glue (5%) N = 166	86	82	59	42	100	40	18	16	9	15	20
Amphetamines (9%) N = 274	90	87	45	59	24	100	20	18	10	19	26
Barbiturates (3%) N = 80	94	85	55	74	37	68	100	49	29	38	44
Tranquilizers (3%) N = 82	86	77	48	60	32	59	48	100	30	33	38
Heroin (1%) N = 32	90	78	75	88	47	87	72	75	100	78	75
Coke (3%) N = 82	92	81	56	80	29	61	35	31	29	100	63
LSD (4%) N = 127	94	84	58	91	27	56	29	25	19	44	100

*percent of 3291 respondents age 16 years and older

The Influence Of Demographic Characteristics: Lifetime, 12 Month, and 30 Day Use of Ten Types Of Drugs

Tables 16, 17, and 18 show lifetime, 12-month, and 30-day use of ten types of drugs by age, sex, and other characteristics of the sample. These tables reflect frequency of use, not quantity used on any occasion. Percentages reported in **Table 16** (lifetime use) are higher than those in **Table 17,** (past year use) and those in **Table 17** higher than in **Table 18** (past 30 days). Relative levels of use among the various drugs however, remains quite consistent. For example, alcohol is the most frequently used drug in all three tables; heroin the least frequently used drug.

Marijuana use is second to alcohol use in these tables (tobacco use is not included in this analysis, but is reported in Tables 7, 8 and 9). Among the older age groups, significant proportions of the students surveyed report using marijuana, at least occasionally. In fact, very high proportions of those who use heroin, cocaine, and LSD also report having used marijuana, which suggests that, like alcohol, marijuana may act as an introductory to other drugs used to get high. After alcohol and tobacco, marijuana use is the next most common and thus presents the next highest public health risk to Nebraska adolescents.

According to the Nebraska students surveyed, amphetamines are used more frequently than tranquilizers and barbiturates, with LSD and cocaine use often at the same levels as the latter. Amphetamines, tranquilizers, and barbiturates are labeled generically in the survey and are available under a wide variety of brand names; thus reporting of these substances may be underestimated.

Use of the illegal drugs LSD, cocaine, and heroin is not widespread among the Nebraska student population, according to the survey. Nonetheless, these illegal drugs are used in every age group; in every family type; in urban, suburban, and rural areas; among youth who work and those who do not work; and among those with considerable spending money and those with none.

Age and Frequency of Use

Age is the strongest predictor of use among the demographic characteristics listed in **Tables 16, 17 and 18.** Older students drink more, smoke more, chew more, and use other drugs more. In addition to age, sex is another important predictor of use of some drugs. For example, males report generally higher use rates for chewing tobacco than females do, although the same is not true for smoking. Several of the other characteristics are related to age, in that older students are more likely to work more hours, to have more income, and to live in families without both parents (since more years have gone by in which their parents might have been divorced or widowed). Therefore, caution should be exercised in interpreting percentages which might attribute heavier use to possession of these other characteristics. Even age and sex explain little in the case of a number of drugs.

In the case of age, a check of the tables will show that frequency of use increases among the cohorts to age 16 and then drops slightly, often to go up again by age 18. This may be because those who drop out of school, usually after they reach the age of 16, are more likely to use alcohol and other drugs. The 17 year olds who remain in school use fewer drugs and thus the 17 year old rates are lower than they would have been if the drop-outs had stayed in school. By the age of 18, however, even for those who remain in school, the rates rise again, particularly among the males.

Drug education programs in junior high and in the early years of high school are relevant, but need to be reinforced and supplemented by continued emphasis throughout the high school years. By the age of 16, most Nebraska adolescents have had some drug education. Although most youth experiment with alcohol, and many with tobacco and other drugs prior to this age, use is for the most part infrequent, not habitual. By the ninth grade, most public school health education is over. Yet, after the age of 16, when teenagers have greatly increased access to cars and to alcohol and drugs, use and frequent "highs" are much more common.

After ages 16 and 17 the overall importance of the peer group begins to be balanced by growth toward individual achievement and independence, yet there is little formal drug education which might guide that growth and intervene in the heavy usage and addiction process. Our data suggest that drug education is appropriate throughout the high school years.

TABLE 16

Demographic Characteristics and Lifetime Alcohol and Drug Use

	Alcohol	Marijuana	Glue /Aerosols	Amphet-amines	Tranquil-izers	Barbit-urates	LSD	Cocaine	Heroin	Other Narcotics	N*
SEX											
Male	85.4%	27.0%	20.0%	17.5%	6.3%	6.0%	8.2%	5.9%	2.5%	6.7%	3661
Female	83.4	25.9	16.2	23.2	7.3	6.9	6.4	4.7	1.6	6.4	3526
AGE											
12 years	61.6	5.7	13.0	5.8	3.4	3.5	1.9	2.0	1.3	2.0	734
13 years	74.6	8.8	16.2	9.3	3.9	3.9	2.2	2.4	2.0	2.6	919
14 years	83.3	17.9	19.1	15.0	5.4	5.3	3.2	3.1	1.8	5.0	1051
15 years	85.7	26.5	19.2	19.6	7.4	6.9	7.1	5.1	2.2	5.6	1212
16 years	91.3	37.9	21.6	28.2	9.2	9.1	11.9	7.8	2.9	10.0	1344
17 years	93.2	37.0	18.4	29.5	7.6	6.7	10.1	6.3	1.8	8.7	1263
18 years	92.0	44.6	16.4	28.8	10.1	8.9	12.8	10.7	2.9	10.6	684
HOUSEHOLDS WITH PARENTS											
Both present	83.2	21.5	17.2	18.2	6.1	5.6	5.6	4.1	1.7	5.4	5194
Mother present	87.0	37.2	18.0	24.2	7.2	7.3	10.1	7.1	2.2	8.3	1492
Father present	90.0	39.6	28.3	30.5	9.3	9.9	13.2	8.3	3.4	10.3	291
Neither present	88.9	53.2	28.6	33.0	19.1	18.3	21.5	20.6	10.6	18.9	217
PLACE OF RESIDENCE											
Farm	83.3	11.6	15.5	12.6	5.3	3.8	3.2	4.3	2.3	3.7	882
Not Farm or Town	84.9	26.1	19.4	22.0	7.6	6.5	6.6	5.1	3.1	6.7	768
Town/City	84.5	28.8	18.4	21.3	7.0	6.9	8.0	5.6	2.0	7.0	5553
HOURS SPENT AT JOB (paid and unpaid)											
None	79.1	24.3	16.7	16.8	6.2	5.2	6.3	5.2	2.4	5.9	1907
1-10 hours/week	82.4	19.1	18.1	16.8	5.9	5.7	4.1	3.3	1.4	5.0	2703
11-19 hours/week	91.3	35.2	19.2	26.3	7.6	8.1	10.5	6.9	2.6	8.2	1356
20+ hours/week	91.2	38.2	20.3	28.3	9.8	9.0	13.2	8.8	3.0	10.0	1170
WEEKLY INCOME/ALLOWANCE											
none	75.9	19.2	15.5	15.3	5.8	5.4	6.3	4.8	2.7	5.5	1143
$1-10	80.5	17.2	15.9	14.4	4.4	5.0	3.4	2.8	1.2	3.7	2465
$11-20	86.2	24.5	18.8	21.5	8.4	6.6	5.8	5.2	2.2	6.5	1067
$21-35	89.8	30.9	22.5	23.2	7.3	7.2	9.7	6.8	2.3	8.6	694
$36+	92.7	43.6	21.2	30.7	10.0	9.0	13.4	8.8	3.0	10.7	1804

*Ns may vary somewhat across categories due to missing cases.

TABLE 17

Demographic Characteristics and 12-Month Alcohol and Drug Use

	Alcohol	Marijuana	Glue /Aerosols	Amphet-amines	Tranquil-izers	Barbit-urates	LSD	Cocaine	Heroin	Other Narcotics	N*
SEX											
Male	72.5%	20.5%	11.2%	11.9%	3.4%	3.6%	6.0%	4.0%	1.7%	4.3%	3655
Female	70.9	19.6	9.0	16.0	4.7	4.3	4.1	3.0	1.2	3.9	3522
AGE											
12 years	40.2	3.9	8.4	4.3	1.9	2.0	1.4	1.6	1.3	1.2	737
13 years	53.6	6.3	8.8	6.0	1.7	2.6	1.8	1.3	1.4	1.9	913
14 years	68.3	12.7	11.3	11.1	3.1	3.3	2.0	2.4	1.3	3.1	1053
15 years	73.5	21.9	11.2	14.3	4.7	4.7	4.8	2.9	1.6	4.1	1205
16 years	82.7	29.3	12.3	20.6	6.0	6.1	8.5	5.4	2.2	6.5	1337
17 years	85.7	27.5	9.6	18.5	4.0	3.4	6.6	4.0	.9	4.7	1265
18 years	84.6	33.1	7.6	17.7	6.5	5.6	8.7	7.3	1.9	6.8	684
HOUSEHOLDS WITH PARENTS											
Both present	70.6	16.3	9.5	12.0	3.5	3.6	3.9	2.7	1.2	3.3	5196
Mother present	73.0	28.3	10.2	17.4	4.5	4.1	6.9	4.6	1.4	5.4	1481
Father present	81.2	30.6	13.5	20.6	4.4	6.2	8.5	4.9	1.7	4.5	292
Neither present	78.0	40.4	19.4	24.7	114.2	11.7	5.7	5.6	19.3	15.6	214
PLACE OF RESIDENCE											
Farm	70.7	8.5	8.2	8.6	3.3	3.0	2.7	3.4	2.3	2.7	820
Not Farm or Town	73.8	19.3	11.3	15.1	4.8	5.1	5.2	3.3	2.5	4.5	767
Town/City	71.6	22.0	10.3	14.4	4.1	4.0	5.4	3.6	1.2	4.3	5548
HOURS SPENT AT JOB (paid and unpaid)											
None	64.0	18.7	10.1	11.3	3.7	2.9	4.9	3.4	1.8	3.6	1906
1-10 hours/week	68.4	13.8	9.6	11.5	3.1	3.7	2.9	2.0	.9	3.0	2701
11-19 hours/week	82.3	27.4	10.9	17.8	4.9	5.3	6.9	4.4	1.8	5.4	1354
20+ hours/week	81.0	29.1	10.9	19.9	6.3	5.3	8.4	6.4	2.1	6.5	1167
WEEKLY INCOME/ALLOWANCE											
none	59.5	14.7	9.5	10.8	4.0	3.8	4.6	3.2	2.4	3.4	1136
$1-10	64.3	13.3	9.2	9.9	2.4	2.7	2.6	1.8	.8	2.2	2460
$11-20	72.2	18.3	9.9	14.0	4.6	4.1	4.1	3.7	1.7	4.6	1071
$21-35	80.8	24.0	11.9	15.9	4.3	4.7	5.6	4.5	1.3	4.9	692
$36+	86.3	32.6	11.6	20.9	6.2	5.8	9.0	5.7	2.1	6.9	1798

*Ns may vary somewhat across categories due to missing cases.

TABLE 18

Demographic Characteristics and 30-day Alcohol and Drug Use*

	Alcohol	Marijuana	Glue /Aerosols	Amphet-amines	Tranquil-izers	Barbit-urates	LSD	Cocaine	Heroin	Other Narcotics	N*
SEX											
Male	46.9%	12.2%	5.9%	5.6%	2.0%	2.3%	3.7%	2.6%	1.4%	2.3%	3657
Female	45.0	11.0	5.0	7.6	2.3	2.2	1.6	1.5	.6	2.0	3526
AGE											
12 years	16.1	2.7	5.2	3.1	1.4	1.5	1.1	1.4	1.2	1.0	731
13 years	25.8	3.3	4.5	3.2	1.3	1.7	1.2	1.3	1.0	1.1	916
14 years	42.6	7.5	6.2	5.4	1.4	1.6	1.4	1.1	.8	2.0	1056
15 years	46.0	13.2	6.9	7.1	2.4	2.8	2.0	1.5	1.0	2.3	1214
16 years	59.6	18.1	7.2	9.7	3.1	3.0	4.1	2.7	1.6	3.4	1346
17 years	58.0	14.9	3.7	7.7	1.9	1.7	3.4	2.5	.3	1.7	1261
18 years	61.0	18.3	3.9	8.2	3.3	3.9	5.4	4.2	1.8	4.0	682
HOUSEHOLDS WITH PARENTS											
Both present	44.3	8.7	5.1	5.3	1.8	1.9	1.9	1.5	.8	1.5	5203
Mother present	48.7	17.9	5.7	9.6	2.5	2.4	3.7	2.6	.9	3.1	1482
Father present	56.8	19.2	7.9	8.6	2.4	3.4	4.8	3.2	1.4	1.7	292
Neither present	54.2	30.1	10.7	15.3	8.3	8.9	11.0	11.0	7.4	12.5	216
PLACE OF RESIDENCE											
Farm	45.6	6.0	4.8	3.9	1.8	2.1	1.8	2.1	1.8	1.9	821
Not Farm or Town	49.2	10.4	6.4	6.5	2.9	2.5	2.5	2.5	1.7	2.4	767
Town/City	45.6	12.8	5.5	7.0	2.1	2.3	2.8	2.0	.8	2.2	5548
HOURS SPENT AT JOB (paid and unpaid)											
None	39.0	10.9	5.7	5.4	2.4	1.7	2.7	2.2	1.2	2.1	1904
1-10 hours/week	40.7	7.8	5.2	5.0	1.7	2.1	1.5	.8	.5	1.4	2702
11-19 hours/week	56.3	14.9	5.0	8.2	2.0	2.8	3.2	2.6	1.3	2.6	1356
20+ hours/week	59.0	18.8	6.7	10.7	3.0	3.3	4.8	4.0	1.6	3.9	1171
WEEKLY INCOME/ALLOWANCE											
none	34.4	8.7	5.3	6.7	2.6	2.6	3.3	2.3	1.8	2.1	1136
$1-10	37.1	7.0	4.8	3.7	1.2	1.5	1.1	1.0	.5	1.1	2460
$11-20	47.3	10.3	6.6	6.5	2.5	2.4	2.5	1.6	.9	2.6	1072
$21-35	53.2	14.9	5.1	8.0	2.0	2.0	2.9	2.3	.7	2.8	694
$36+	62.2	19.8	6.3	10.3	3.0	3.3	4.4	3.5	1.5	3.4	1808

*Ns may vary somewhat across categories due to missing cases.

Other Demographic Characteristics

After age and sex only one demographic variable explains a significant amount of the remaining variance in drug use. Available money from earnings and allowances differentiates those who use and those who do not use drugs. Drug use by those who have more money from earnings and allowances differs significantly from those who have less money, even when age and sex are held constant. Drugs cost money, and those who have more of it use more drugs.

An additional caution should be noted in the case of students who live with a single parent or who do not live with either parent. Although alcohol and drug usage is higher on average for these students, attributing problems to this small propotion of the total sample does little to explain alcohol and drug usage among the rest. There are numerically many, many more users who come from families with both parents living at home, than from families with only one or no parent. Finally, we find virtually no differences in drug use between students who live in urban areas and those who live in surburban areas or on farms, when the variables of age and sex are controlled.

Summary: Effects Of Student Characteristics

Multiple regression analysis results shown in **Table 19** enable us to estimate how much of the variation in drug use can be attributed to demographic variables.

Our analyses indicate that the addition of **characteristics such as family type or place of residence to age and sex in various types of statistical analysis, adds little to the explanation of which students are more likely to use drugs.** The additional amount of variation in the use of any drug among students which is explained when these characteristics are added to the age and sex variables is less than 5%. What **Figure 4** shows is that from the information in this survey we really know very little about why some students use drugs and others do not.

TABLE 19

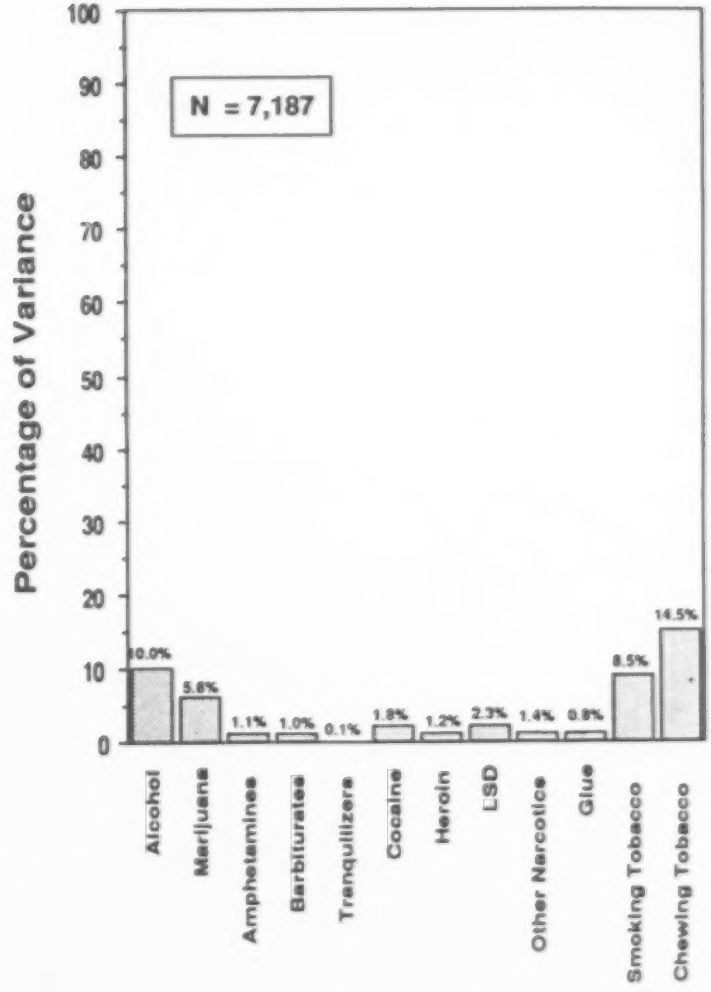
Multiple Regression Analysis

Percent of the Variation in Drug Use Explained by:

	Age and Sex	All Characteristics (Including Age and Sex)
Alcohol	7.5%	10.0%
Marijuana	2.7	5.6
Amphetamines	0.1	1.1
Barbiturates	0.0	1.0
Tranquilizers	0.0	0.1
Cocaine	0.0	1.8
Heroin	0.1	1.2
LSD	0.6	2.3
Other Narcotics	0.1	1.4
Glue/Inhalants	0.1	0.8
Smoking tobacco	5.1	8.5
Chewing tobacco	12.4	14.5

N = 7,187

Figure 4: **Percentage of Variance In 30-Day Drug Use Explained By Student Characteristics**



Section 2

Nebraska Drug Use Compared to National Drug Use

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When a state survey such as this is made and results published, a natural question arises. How do Nebraska students compare with students throughout the rest of the country? In **Tables 20, 21, and 22**, we compare the 1988 Nebraska 18-year-olds with a national sample of high school seniors surveyed in 1987, the latest year for which the national data are available. The national figures were gathered by The Institute for Social Research at the University of Michigan and are published in *Illicit Drug Use, Smoking, and Drinking by America's High School Students, College Students, and Young Adults 1975-1987.*

These comparisons are not perfect. The data were collected in Nebraska in 1988; the U.S. data in 1987. Some categories of drug use are defined slightly differently in the questionnaires. The category "Other Opiates" in the national survey is called "Other Narcotics" in the Nebraska Adolescent Endemic Drug Use Survey. "Inhalants" in the national survey is called "Glue" in the Nebraska survey. And, the national sample is of all seniors (both 17 and 18 year olds) while the Nebraska sample we compare is that of 18 year olds and older, only. This difference means that

when the comparisons show Nebraska use to be higher than the national average, part of the difference may be because the Nebraska sample is slightly older than the national sample. When Nebraska use is shown to be less than the national average, the difference is probably even more in Nebraska's favor.

Nebraska shares with the nation the problem of illegal drug use among its youth. **The comparison in these tables and figures is informative principally because of the extent to which Nebraska statistics so closely conform to the national statistics.** The drugs which are most commonly used in Nebraska are by and large the same drugs used most commonly nation-wide. The percentages of youth who use these drugs are also very similar. Although none of the differences is substantial, Nebraska youth do report lower rates of marijuana use for all three periods, and lower rates of cocaine use for the lifetime and 12-month periods. They also report less alcohol use for the 30-day period. On the other hand, Nebraska youth report higher rates of LSD and heroin use, in all three periods. These differences should be considered in light of the differences in the two samples discussed above.

TABLE 20

Senior's Use of Drugs During Lifetime: Comparison of Nebraska 1988 and U.S. 1987

	Nebraska (1988)		U.S. (1987)	
	Males	Females	Males	Females
Alcohol	91.4%	92.5%	92.4%	92.2%
Smoking tobacco	-	-	65.1	68.9
Marijuana	46.2	42.3	52.0	48.0
Stimulants	25.6	31.3	20.1	22.9
Barbiturates	8.5	9.1	7.9	6.7
Tranquilizers	9.6	10.5	10.5	11.0
Cocaine	12.3	8.5	16.5	13.6
LSD	13.6	11.4	9.7	6.8
Heroin	3.4	2.0	1.6	.8
Other Narcotics	11.2	9.7	10.1	8.3
Glue/Inhalants	19.7	12.1	20.1	14.2
N=	374	306	*	*

* Not available

TABLE 21

Senior's Use of Drugs During the Past Year: Comparison of Nebraska 1988 and U.S. 1987

	Nebraska (1988)		U.S. (1987)	
	Males	Females	Males	Females
Alcohol	85.1%	84.0%	86.3%	85.3%
Smoking tobacco	-	-	-	-
Marijuana	34.6	31.0	38.6	33.8
Stimulants	17.7	17.2	11.8	12.4
Barbiturates	5.3	5.6	4.0	3.2
Tranquilizers	5.3	7.8	5.2	5.8
Cocaine	8.2	6.2	11.3	9.2
LSD	10.0	7.0	6.4	3.9
Heroin	2.1	1.3	.7	.3
Other Narcotics	6.4	7.4	5.6	4.9
Glue/Inhalants	7.5	7.2	8.3	5.6
N =	374	306	*	*

*Not available

TABLE 22

Senior's Use of Drugs During the Past 30 Days: Comparison of Nebraska 1988 and U.S. 1987

	Nebraska (1988)		U.S. (1987)	
	Males	Females	Males	Females
Alcohol	63.2%	58.1%	69.9%	63.1%
Smoking tobacco	-	-	27.0	31.4
Marijuana	20.0	15.9	23.1	18.6
Stimulants	4.6	7.5	5.0	5.2
Barbiturates	3.7	3.9	1.7	1.1
Tranquilizers	2.9	3.9	2.0	2.0
Cocaine	4.5	3.9	4.9	3.7
LSD	6.6	3.9	2.5	1.1
Heroin	2.1	1.0	.3	.1
Other Narcotics	4.0	3.6	2.0	1.7
Glue/Inhalants	4.3	3.3	3.4	2.2
N=	374	306	*	*

* Not available

Section 3

Trends in Drug Use 1982 - 1988

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Trends In Drug Use 1982 To 1988

Since the 1982 Nebraska Adolescent Drug Use Survey was conducted, the rates for alcohol, tobacco, and drug use among adolescents have generally decreased. The following figures based on 1982-1988 comparisons document the extent of these decreases, which are substantial in many cases. Of particular interest are the decreases among the youngest age groups, which predict lower future rates as these cohorts mature. Decreases are seen even among the oldest age groups, however. Thus, assuming that sampling techniques and statistical analyses for the two years are equally reliable, Nebraska has good reason to recognize accomplishment in national, state, and local efforts to curtail drug use among adolescents, and to believe that continued efforts will continue to decrease usage.

There are particular areas which remain trouble spots, however, and our discussion will highlight these.

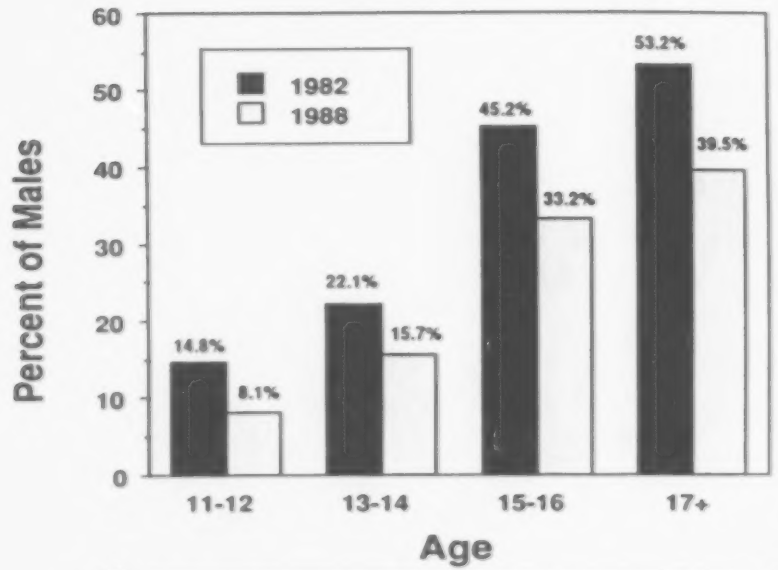
Alcohol, 1982-1988

Figure 5 shows percentages of students who report drinking five drinks in a row at least once during the past two weeks, in 1982 and in 1988. These percentages decreased in all age groups for both males and females during the period. However, even with the decrease, 40% of the 17 year old males and 44% of the 18 and older males in the 1988 sample report very recent drinking at this level, at which physical and mental performance abilities are unstable **(Table 1)**.

A similar remaining trouble spot is the non-decreasing percentage of both males and females 17 and older who drink to a high at least half the time they drink **(Figure 6)**. There is virtually no difference in the propensity to get high between 1982 and 1988, according to these data.

On the other hand, smaller percentages in each age group report drinking within the last month, as noted in **Figure 7**. Decreases are marked at every age level, and the predicted trend is thus for further decrease in the future. One aspect of adolescent drinking which does appear consistently, and which may indicate some change in drinking habits is the convergence of male and female rates between 1982 and 1988. That is, in 1982 male rates were more likely to be higher than female rates. Between 1982 and 1988 rates for males decreased more than rates for females. In 1988, rates at all age levels were very close for males and females, with female rates slightly higher than male rates at the 11 and 12 year old level and at the 17 and older level.

Figure 5: **Students Drinking Five Drinks In A Row In the Last Two Weeks, 1982-1988**



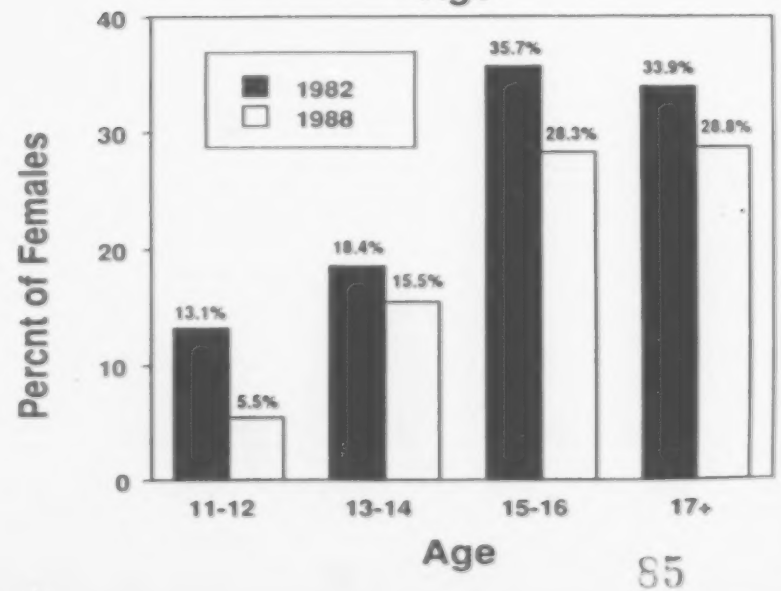
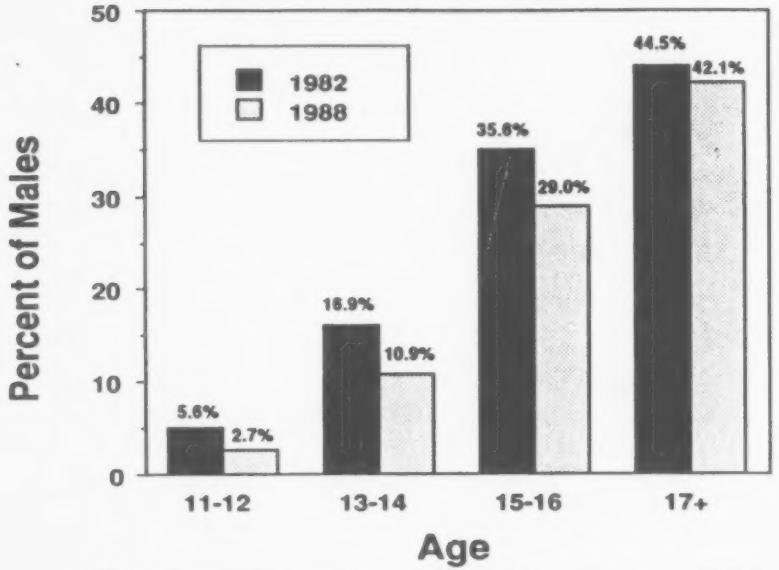


Figure 6: Students Drinking To a High at Least Half the Time, 1982-1988



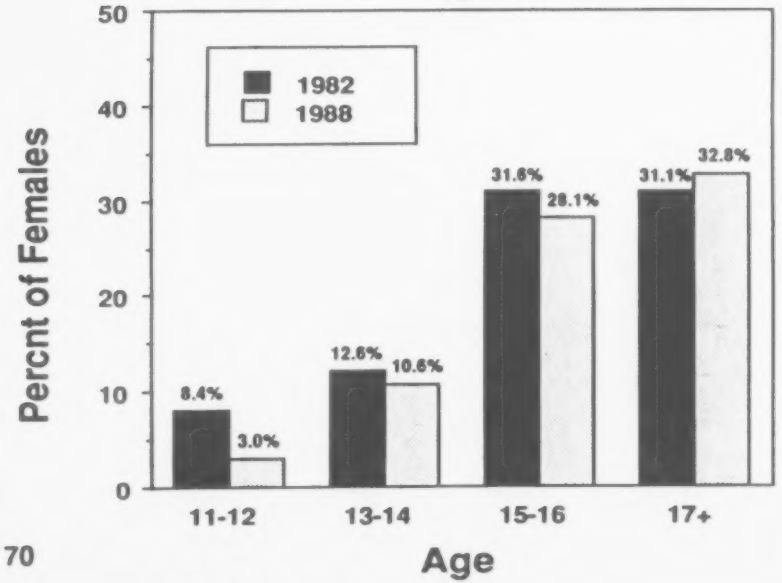
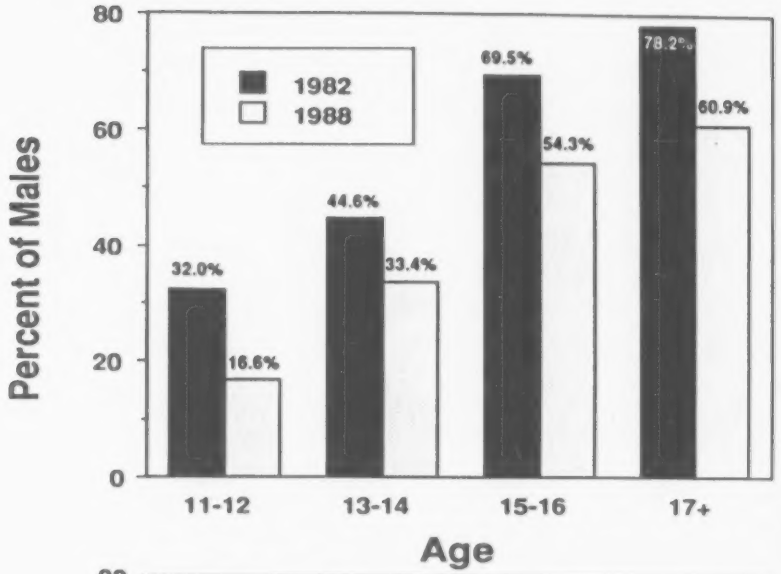
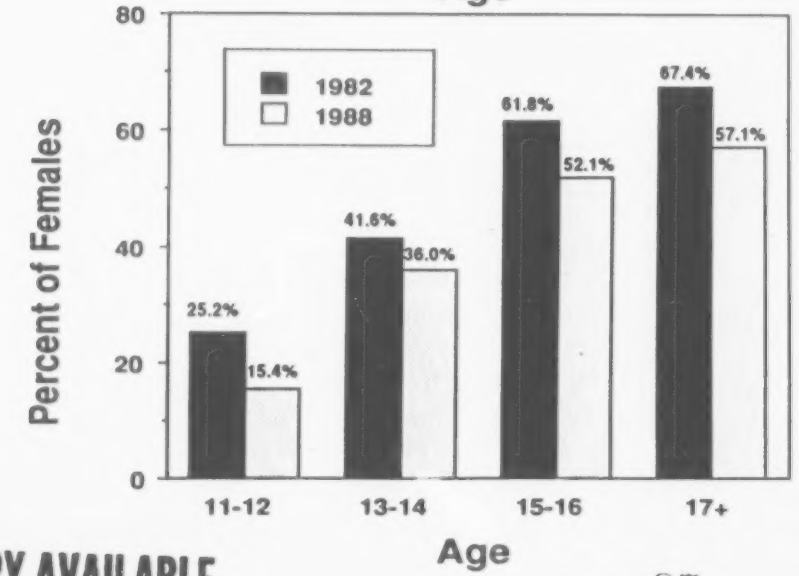


Figure 7: Alcohol Use In the Last 30 Days, 1982-1988





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Tobacco, 1980-1988

Regular smoking decreased slightly in most age groups between 1982 and 1988 and went up slightly only for 13-14 year old females and 17 and older males, according to **Figure 8**.

For tobacco use we are able to compare rates for three time periods: 1980 *, 1982, and 1988. **Figure 9** combines the 11 and 12 year old groups with the 13 and 14 year old group in **Figure 8**, but follows the same definition of a regular tobacco user (one who reports having smoked at least 100 cigarettes and who currently smokes at least weekly). **Figure 9** suggests a consistent pattern across age groups. Use was higher in 1982, and lower in 1980 and 1988. When the 1982 data are dropped out, the 1980 and 1988 figures are very similar. There is little or no decrease in regular smoking in any age group between 1980 data and 1988 data. There are slight increases for the females aged 12 to 16.

Given these results, the favorable interpretation of the 1982 to 1988 decreases may be overly optimistic. If social conditions in 1982 temporarily increased most adolescent drug use, or if the 1982 sample differed from the 1980 and 1988 samples in some crucial aspects, the favorable downward trends we observe in this section of the report may not be as accurate as we hope. The increase in the proportion of female smokers 12 to 16 between 1980 and 1988 reflects national trends and is troublesome.

* see page 97

Figure 8: **Regular Smoking, 1982-1988**

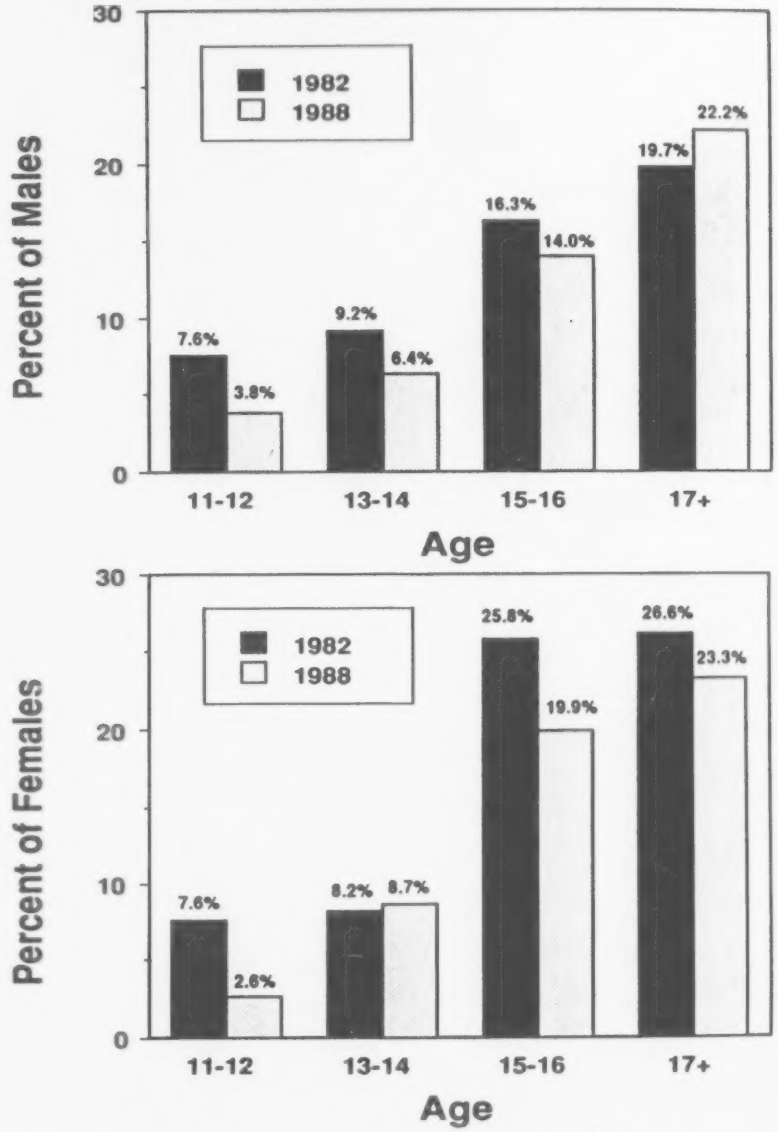
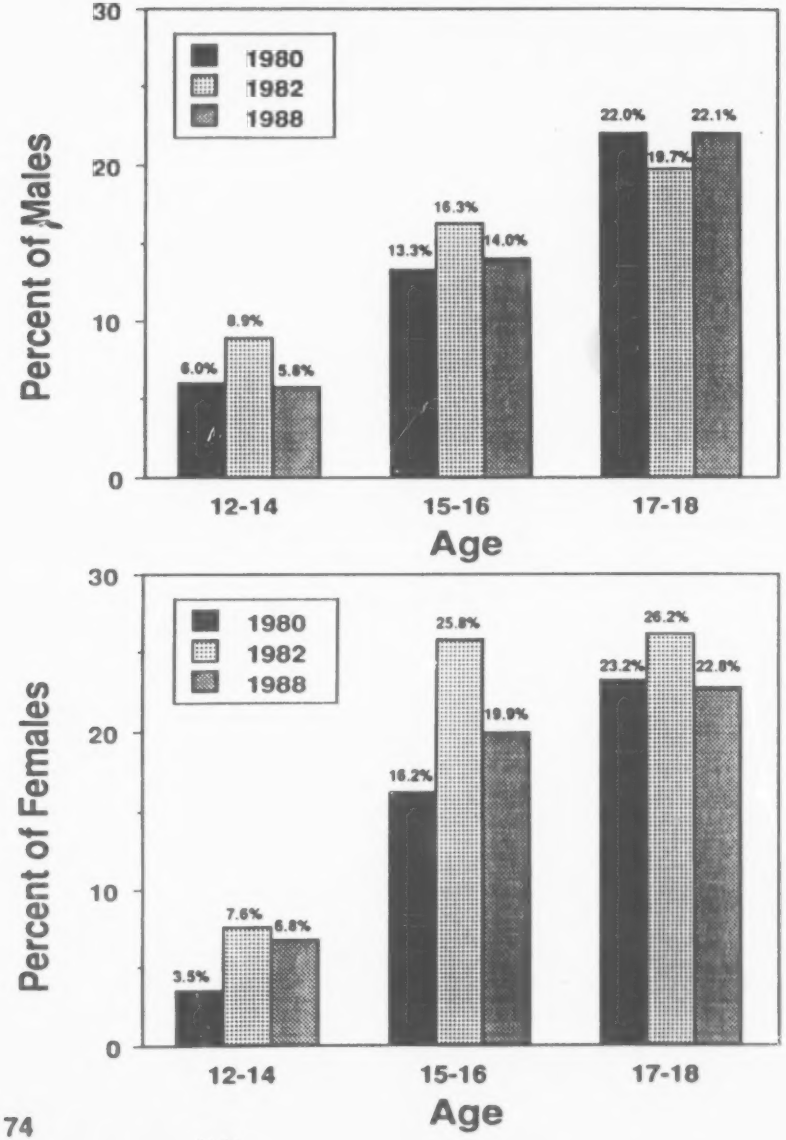


Figure 9: Regular Smoking, 1980-1982-1988



Marijuana, 1982-1988

Figures 10 and 11 compare 1982 and 1988 rates for lifetime and 30 day marijuana use. Both figures show that rates decrease for every age group and for both males and females from 1982 to 1988. Both figures also show convergence in rates for males and females which resembles the convergence in alcohol use rates. Marijuana use, like alcohol use, is as much a female as a male phenomenon in 1988.

Figure 10: **Lifetime Marijuana Use, 1982-1988**

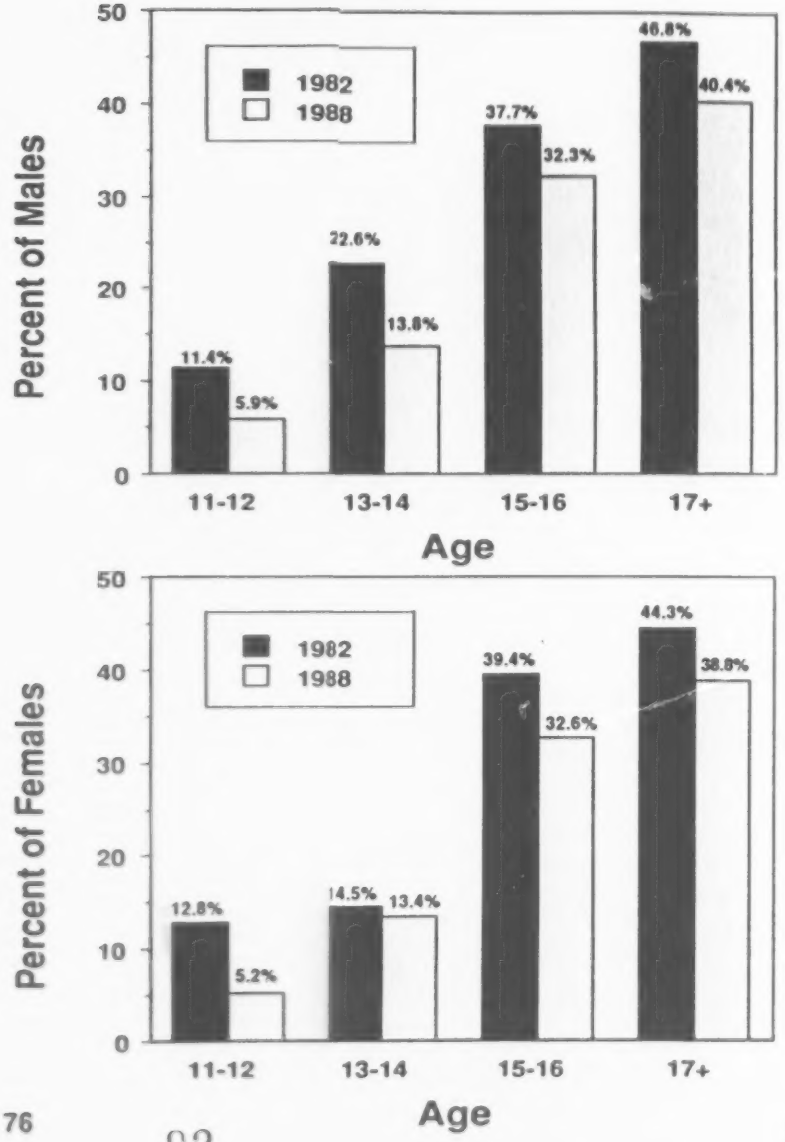
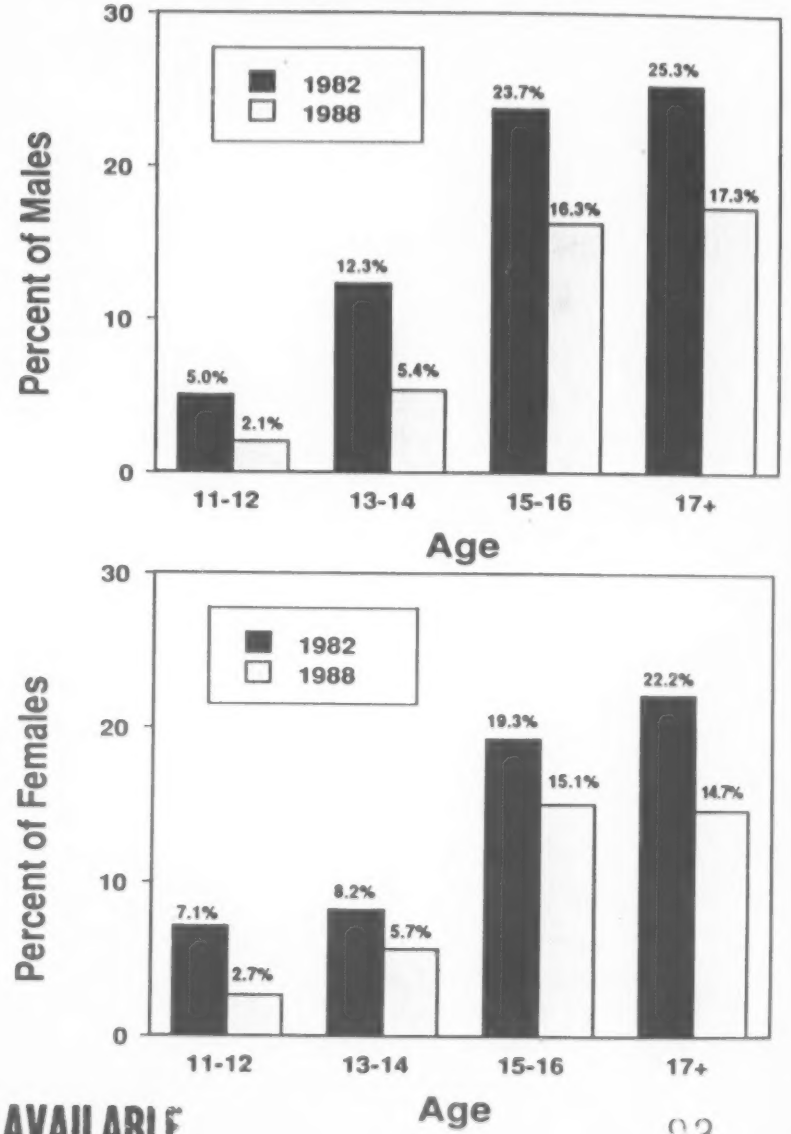


Figure 11: **Marijuana Use In the Last 30 Days, 1982-1988**



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Lifetime Use Of Ten Types Of Drugs, 1982-1988

Figures 12 a, b, c, and d compare rates for 1982 and 1988 in regard to whether students had ever used any of ten types of drugs during their lifetimes. The following discussion highlights lifetime use, which is the baseline or exposure rate. When past year rates and past 30-day rates are examined the trends follow the lifetime trends closely for most drugs, alcohol being the notable exception. While lifetime rates for alcohol use for the older cohorts have not changed appreciably, the past 30-day rates have decreased to a marked extent since 1982 (**Figure 7**).

Among 11 and 12 year olds rates for lifetime use have decreased for alcohol, marijuana, stimulants, barbiturates, tranquilizers, LSD, heroin, other narcotics and glue. Rates for cocaine use, 2% in 1982, have remained the same. Rates for lifetime alcohol use in 1982 were about 72%; they remain high at about 62% in 1988. Rates for the use of inhalants/glue are highest after alcohol for this youngest cohort (**Figure 12 a**).

Among 13 and 14 year olds there have been similar decreases in lifetime use of all drugs but glue/inhalants. In 1988, use of glue/inhalants was reported by 17.7% of the cohort, up from 12.6% in 1982. The greatest decrease was in marijuana use, from 18.5% to 13.5%. The second greatest decrease was in the use of barbiturates (less than 4%). Other decreases were even less for this cohort, amounting to less than 1 or 2% (**Figure 12b**).

For 15 and 16 year olds the only substantial increase was in the reported lifetime use of inhalants/glue, from 11.8% in 1982 to 20.5% in 1988. Small increases in LSD and heroin use were also reported. Decreases for lifetime use were reported in alcohol, marijuana, stimulants, barbiturates, tranquilizers, cocaine and other narcotics between 1982 and 1988 (**Figure 12c**).

Those who were 17 or older in 1988 reported using all drugs but glue/inhalants less frequently than the 1982 cohort. Largest decreases, percentage-wise, were reported for marijuana, stimulants, barbiturates, tranquilizers, and cocaine. Lifetime alcohol use and heroin use varied less than 1% between 1982 and 1988 for this age group. As in the other age groups, glue/inhalants use increased, from 12% to 17.7% (**Figure 12d**).

Figure 12a: **Lifetime Drug Use By 11 and 12 Year Olds**

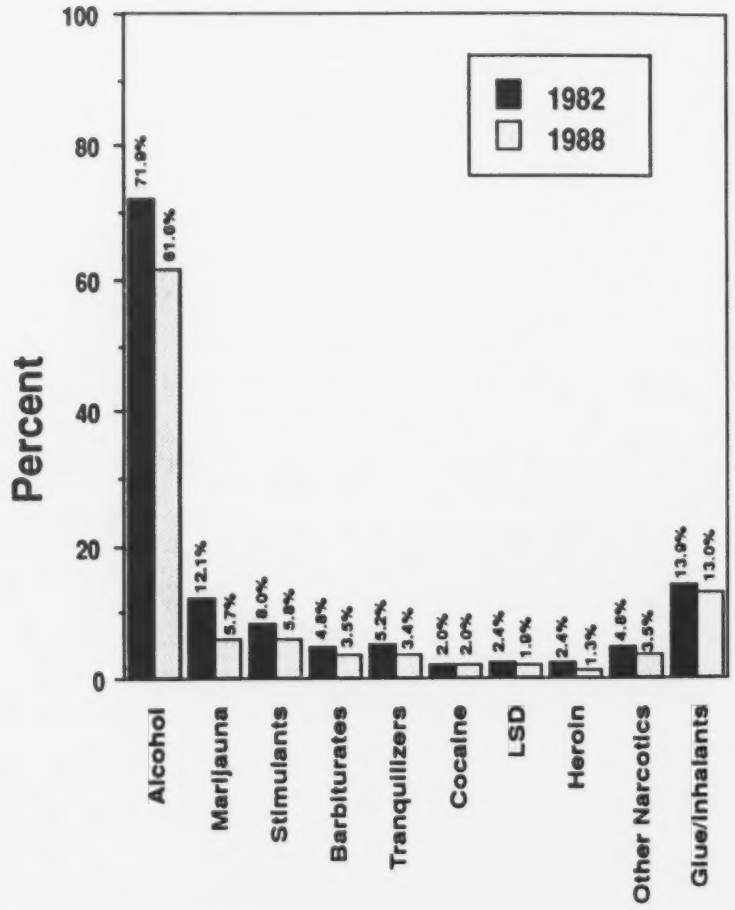


Figure 12b: **Lifetime Drug Use By 13 and 14 Year Olds**

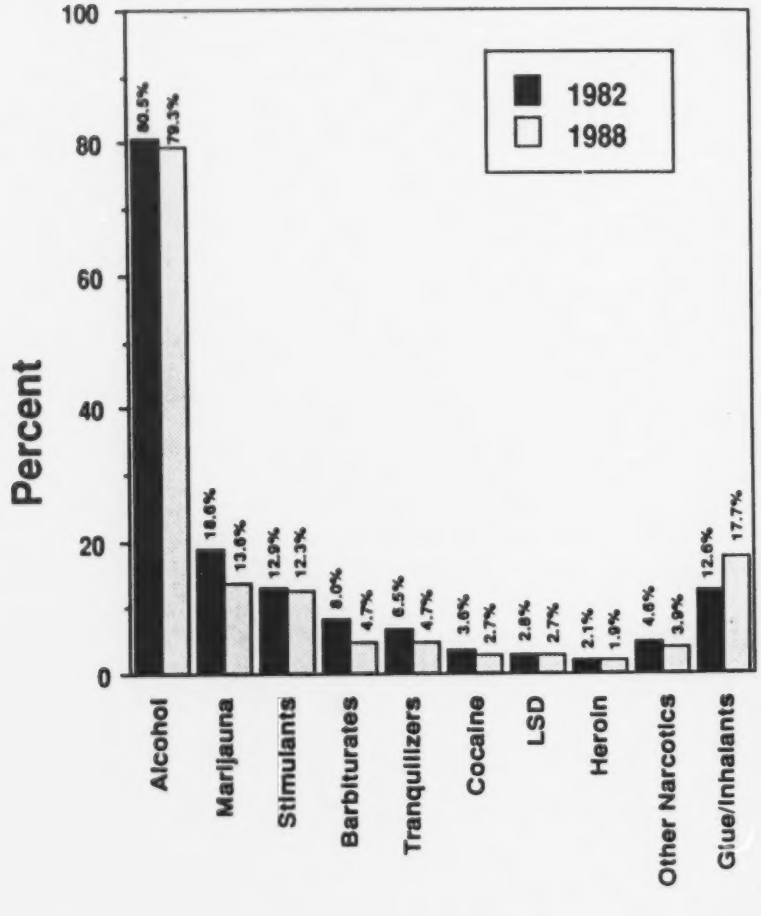


Figure 12c: Lifetime Drug Use By 15 and 16 Year Olds

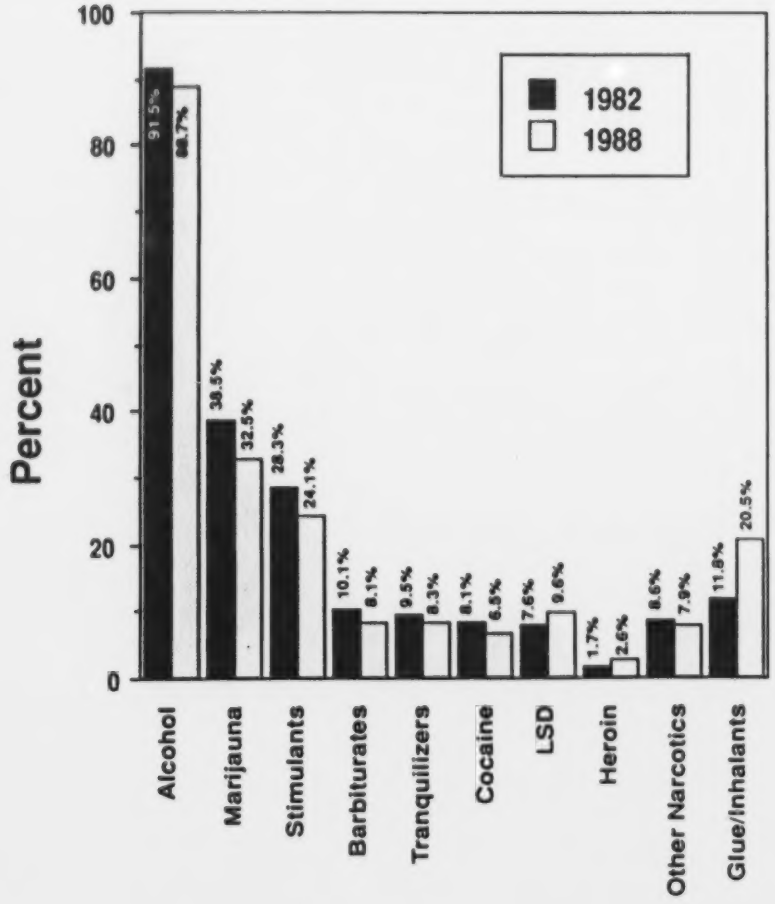
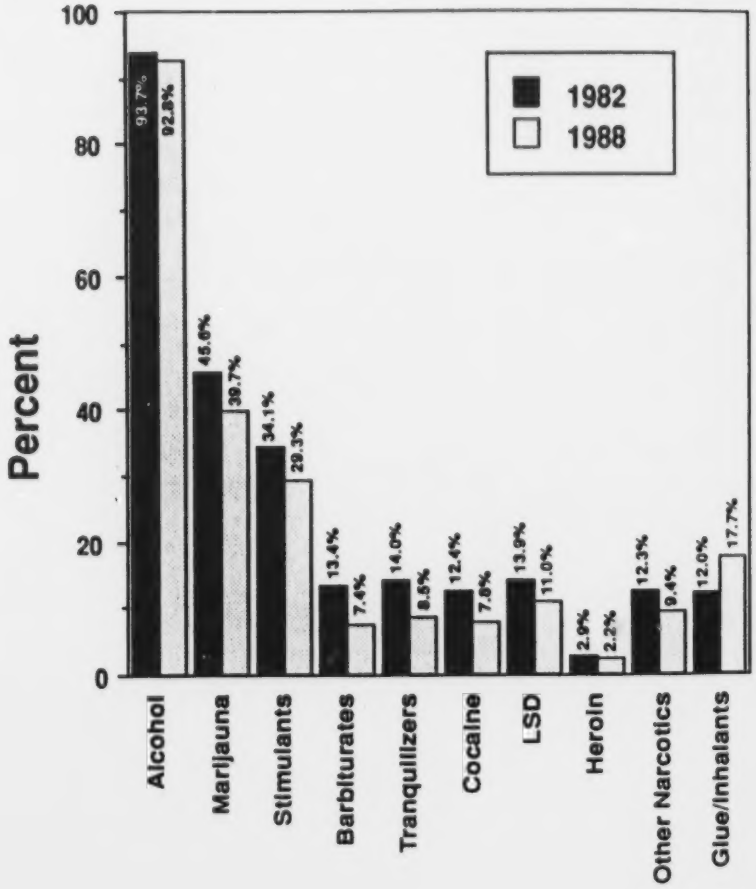


Figure 12d: Lifetime Drug Use By Those Over 17



Lifetime, 12 Month, & 30 Day Use Of Ten Types Of Drugs By High School Seniors, 1982-1988

Figures 13, 14 and 15 show the 1982-1988 comparisons for lifetime, past- year, and past 30-day use rates of all drugs for the oldest group of adolescents, those 18 and older. We are particularly interested in comparing the rates in this age group since at this age use is highest among those we surveyed. Also, we lack comparable survey data for youth in the next age range, 18-24. This survey of Nebraska high school seniors is the best available predictor of substance abuse for Nebraska young adults.

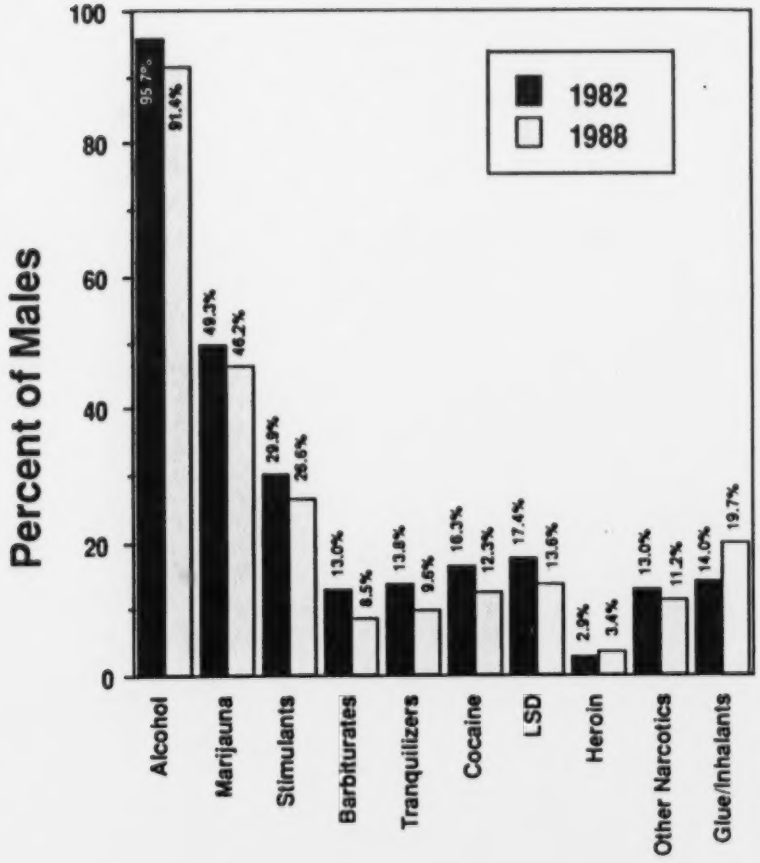
For both male and female seniors, differences between the cohorts in 1982 and 1988 are less pronounced for lifetime use, than for past year or past 30 day use. For both males and females greatest decreases were in the use of alcohol and stimulants for the past year and for the past 30 days (**Figures 14,15**). For both males and females there were slight increases in the use of inhalants and heroin for all three time intervals (**Figures 13, 14, 15**).

For female seniors, there were also slight increases in use over the past year and past 30 days for barbiturates, tranquilizers, and other narcotics. Again for females, there was slightly increased use over the past 30 days for cocaine. Thus, female seniors in 1988 reported more use than female seniors in 1982 over the past 30 days for six drugs, less use for three drugs, and about the same use for one drug (LSD) (**Figures 16 and 17**).

Male seniors in 1988 reported less use than male seniors in 1982 over the past 30 days for two drugs: alcohol and stimulants; very slightly decreased use for three drugs: marijuana, cocaine and LSD; and slightly increased use for five types of drugs: barbiturates, tranquilizers, heroin, other narcotics and inhalants/glue (**Figure 17**).

The most dramatic change in drug usage among the seniors was the drop in alcohol use in the last 30 days for the males: from 81.6% in 1982 to 63.2% in 1988. There was an accompanying decline in the percentage who consumed five or more drinks in a row in the last two weeks (Figure 5). There was no concomitant change in the percentage of those who drank to get high (Figure 6).

Figure 13: Lifetime Drug Use, High School Seniors, 1982-1988



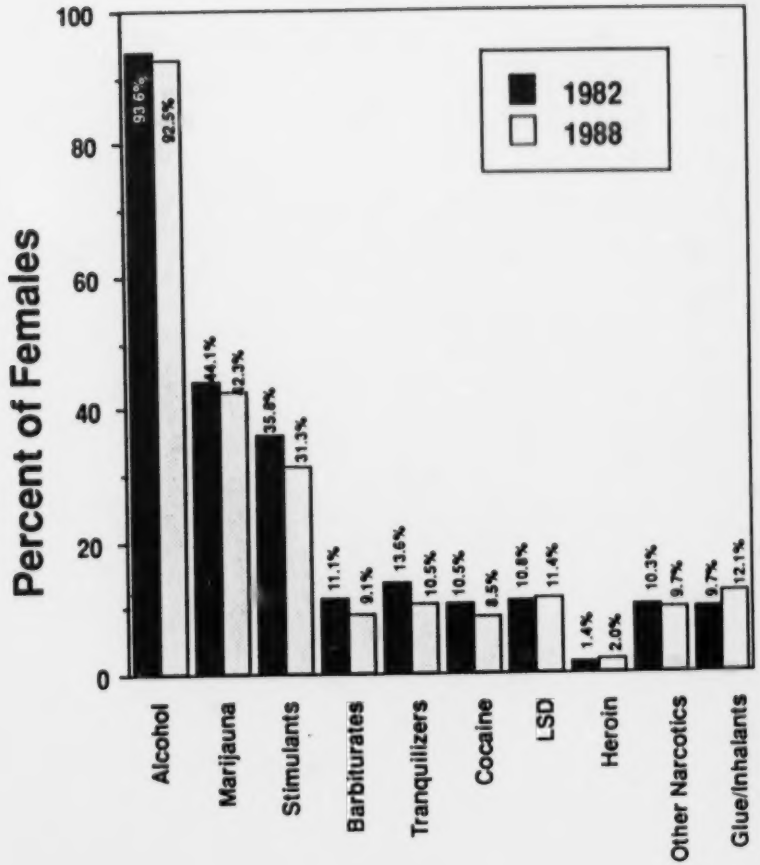


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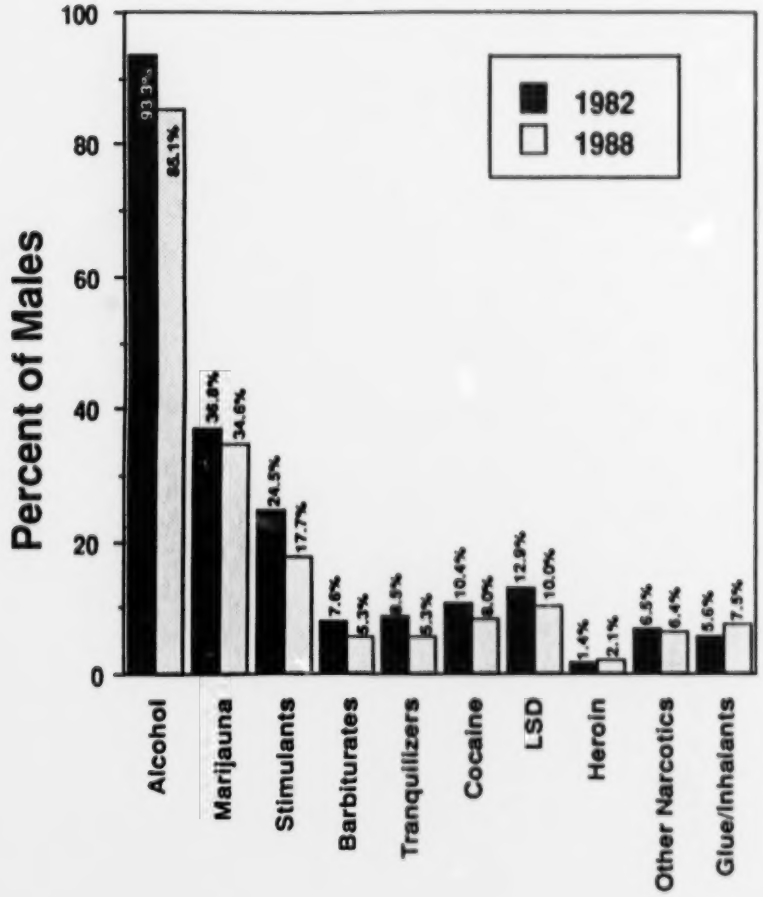
Figure 14: 12 Month Drug Use, High School Seniors, 1982-1988



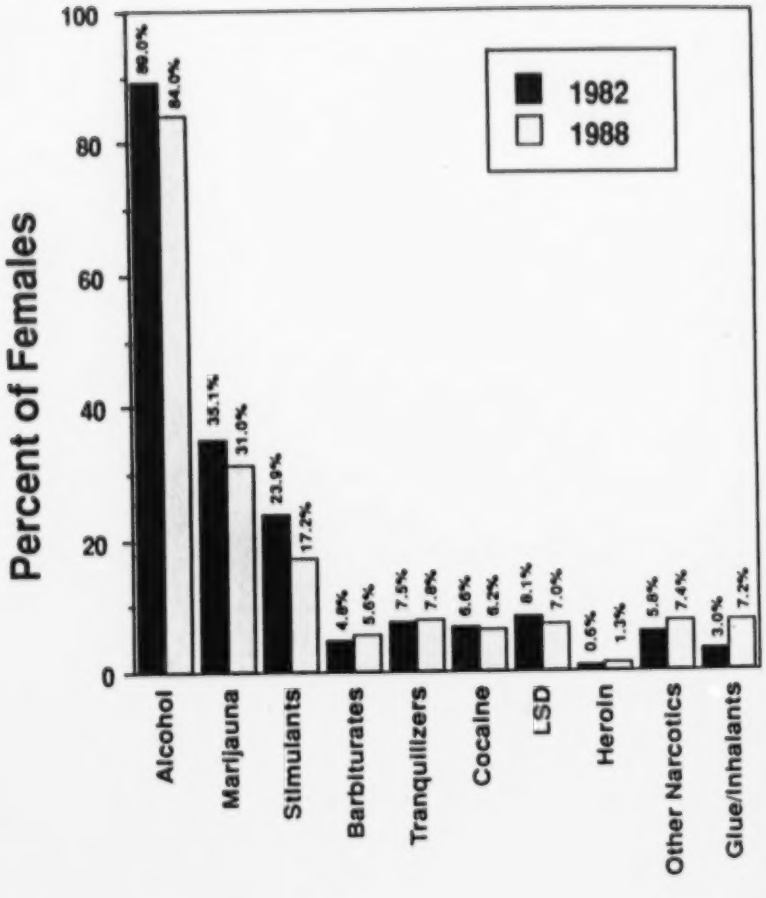
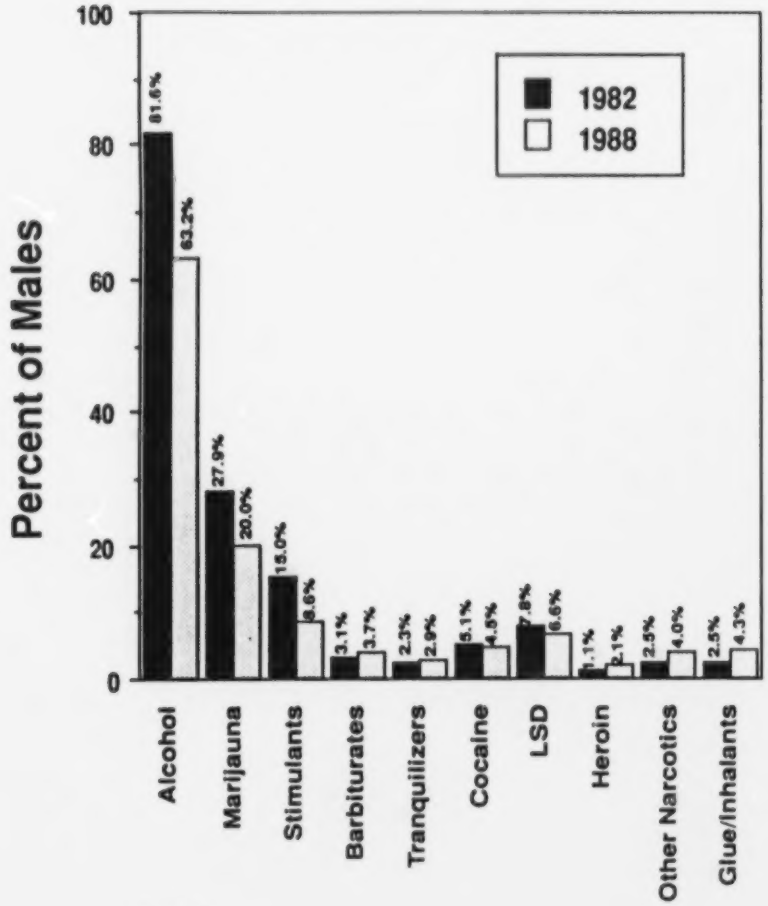
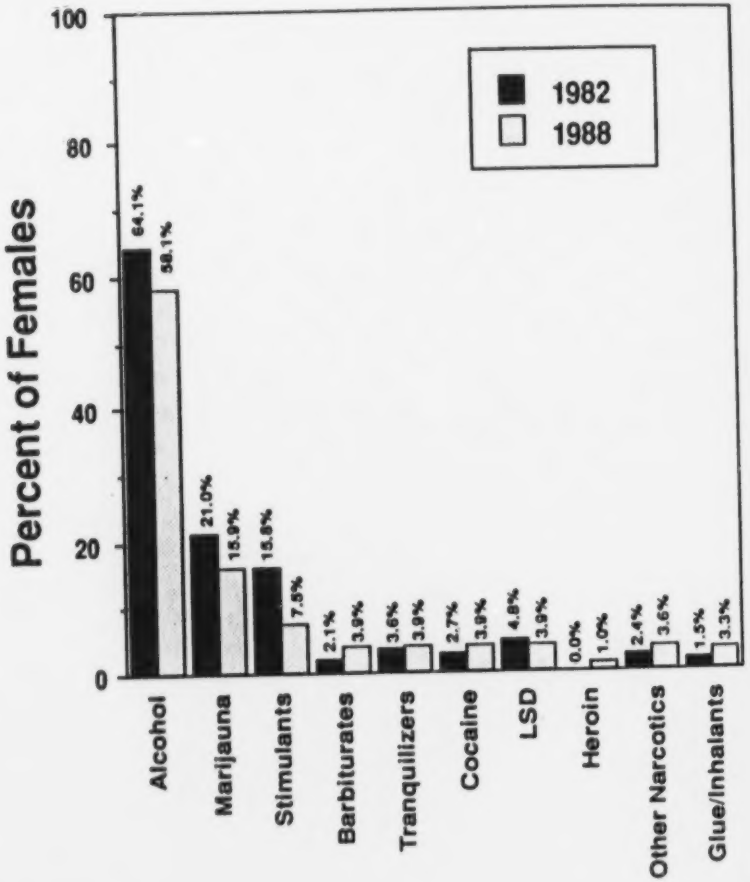


Figure 15: **30 Day Drug Use, High School Seniors, 1982-1988**





Conclusion - Section 3

This section has described changes in adolescent drug use between 1982 and 1988 as measured by the Nebraska Adolescent Drug Use Survey. In general, the changes have been positive, with decreases in drug use for most drugs at most age levels. What of the future? Based on data for the youngest age group, there is some reason for optimism that drug use will continue to decrease in those cases in which there has been a decrease for 1982-1988. Alcohol illustrates this point, since it is the most widely used drug, and the drug which has decreased most dramatically since 1982 among the youngest males. Among the 11 and 12 year olds in 1982, we note in **Figure 7** that some 32% of the males used alcohol during the past 30 days. By 1988, those 11 and 12 year olds were 17 and 18. In 1988 some 51% of the males used alcohol during the past 30 days, an increase for that cohort of 19%.

By 1988, the past 30-day rates for 11 and 12 year old male alcohol use for had decreased, from 32% to 14%. **If the same social pressures which brought the 1988 rates down** (parental influence, federal legislation, federal financial support for special programs, state and local enforcement programs, and improved school health education curricula) **stay as effective as they currently are, by 1994 the 17 and 18 year old male rates will be 33%—18% less than they are today.** That is even if the 19% six-year increase stays the same as it was 1982-1988. The 1994 rates for past 30-day use of alcohol for this cohort of males will be 44% lower than than they were for the 17 and 18 year old males in 1982.

While frequency of drinking has decreased, the percentage of those who drink very heavily is still high. **The next task: to impress upon students, on those who supply them, and on those empowered to implement social policy, the widespread risks and costs of heavy drinking.**

Appendix

Sample, Questionnaire, and Data Collection

The sample consisted of 7,187 students in Grades 7 through 12. Schools were sampled by class of school as defined by the Nebraska Department of Education. The sample was supplemented with data gathered in schools in two western Nebraska educational service unit areas (N = 585, N = 769). With the exception of the two rural educational service units, all data were collected by trained staff from the Nebraska Prevention Center for Alcohol and Drug Abuse. In the two educational service units, data were collected by teachers who were specifically trained. In all cases students completed the questionnaire anonymously on optical scan sheets which were transferred directly to a computer for analysis.

The 1988 questionnaire was essentially the same one used in 1982 which was modelled on the questions used in the surveys of high school seniors conducted by the Institute for Social Research at the University of Michigan as part of the "Monitoring the Future" project.

One notable change between the 1982 questionnaire and the 1988 questionnaire came as a result of citizen input from western Nebraska. The 1988 questionnaire noted that alcohol use did not include alcohol taken as part of a religious service. If the only wine consumed in the time period questioned was part of a religious service, students were told to indicate non-use.

Data were gathered during the months of March, April and May 1988.

* Data on cigarette smoking for 1980 are taken from **Adolescent Tobacco Use in Nebraska,** Nebraska Prevention Center for Alcohol & Drug Abuse, Technical Report No. 1, 1981.

Copies of the questionnaire are available from the Nebraska Prevention Center for Alcohol and Drug Abuse.

Other Prevention Center Publications

Technical Reports

#1 Adolescent Tobacco Use in Nebraska (1980)
#2 Adult Tobacco Use in Nebraska (1980)
#3 Evaluation as a Part of Primary Prevention Programming: The Indian Youth Project
#4 Alcohol and Drug Treatment Counselors' Involvement in PreventionActivities
#5 Adolescent Alcohol, Marijuana, and Tobacco Use in Nebraska (1982)
#6 Adolescent Substance Use in Nebraska (1982)
#7 Developing Nebraska's Drug and Alcohol Curriculum
#8 Developing Community Support for Alcohol and Drug Education: A Case Study of Development in a Small Community
#9 Perceived Acceptability and Effectiveness of Selected Strategies to Reduce Alcohol Abuse
#10 Adult Tobacco Use in Nebraska 1980-1983
#11 Changing Public Perceptions of the Seriousness of Alcohol and Drug Abuse
#12 Reduction of Adolescent Cigarette Smoking Through Educational Immunization
#13 Adult Tobacco Use in Nebraska 1980-1985
#14 Teaching Students to Resist Pressures to Drink and Drive: First Year Evaluation
#15 The Nebraska Tobacco Education Curriculum: Year 2 Evaluation
#16 Teaching Students to Resist Pressures to Drink and Drive: Second Year Evaluation—Social Studies Classes
#17 Teaching Students to Resist Pressures to Drink and Drive: First Year Evaluation—English Classes
#18 Teaching Students to Resist Pressures to Drink and Drive: Summary Evaluation—1984-1986

Program Reports:

#1 Steve Glenn on Prevention
#2 4-H Junior Leader Alcohol Education Project
#3 Decisions About Alcohol and Other Drugs: Teacher Trainer Manual
#4 Drug Abuse Prevention Through Leisure and Recreation
#5 Resisting Pressure to Drink and Drive—Teachers Guide
#6 Drug and Alcohol Education: Model Programs
#7 Prevention Program Evaluation: A Primer

Curricula:

Decisions About Alcohol and Other Drugs: A Curriculum for Nebraska Junior High School Students (Teacher's Guide)

Resisting Pressures to Drink and Drive (Teacher's Guide, five-part videotape series, for 9th Grade)

Nebraska Smoking and Tobacco Education Curriculum (Teacher's Guide, 2 videotape programs, for 7th and 8th Grade)

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